

5 **TRISPECIFIC ANTIBODY TARGETING BCMA, GPRC5D, AND CD3**

CROSS-REFERENCE TO RELATED APPLICATIONS

 This application claims the benefit of United States Provisional Application Serial
Number 63/149,921, filed 16 February 2021. The entire content of the aforementioned
10 application is incorporated herein by reference in its entirety.

TECHNICAL FIELD

 The disclosure provided herein relates to multispecific antibodies that bind B-cell
maturation antigen (BCMA), G-protein coupled receptor, class C, group 5, member D
15 (GPRC5D), and cluster determinant 3 (CD3), monoclonal antibodies that bind BCMA, and
methods of producing and using the described antibodies.

BACKGROUND

 Multiple myeloma (MM) is the second most common hematological malignancy
20 and constitutes 2% of all cancer deaths. MM is a heterogenous disease and caused mostly
by chromosome translocations inter alia t(11; 14),t(4; 14),t(8;14),del(13),del(17) (Drach et
al., (1998) Blood 92(3):802-809; Gertz et al., (2005) Blood 106(8):2837-2840; Facon et
al., (2001) Blood 97(6): 1566-1571). MM-affected patients may experience a variety of
disease-related symptoms due to, bone marrow infiltration, bone destruction, renal failure,
25 immunodeficiency, and the psychosocial burden of a cancer diagnosis. As of 2006, the 5-
year relative survival rate for MM was approximately 34% highlighting that MM is a
difficult-to-treat disease where there are currently no curative options.

 B-cell maturation antigen, also known as BCMA, CD269, TNFRSF17 (UniProt
Q02223), is a member of the tumor necrosis receptor superfamily that is preferentially
30 expressed in differentiated plasma cells [Laabi et al. (1992) EMBO J 11(11):3897-3904;
Madry et al. (1998) Int Immunol 10(11):1693-1702]. BCMA is a non-glycosylated type I
transmembrane protein, which is involved in B cell maturation, growth and survival.
BCMA is a receptor for two ligands of the TNF superfamily: APRIL (a proliferation-
inducing ligand, CD256, TNFSF13), the high-affinity ligand to BCMA, and the B cell

5 activation factor BAFF (THANK, BlyS, B lymphocyte stimulator, TALL-1 and zTNF4),
the low-affinity ligand to BCMA. APRIL and BAFF show structural similarity and
overlapping yet distinct receptor binding specificity. The negative regulator TACI also
binds to both BAFF and APRIL. The coordinate binding of APRIL and BAFF to BCMA
and/or TACI activates transcription factor NF- κ B and increases the expression of pro-
10 survival Bcl-2 family members (e.g. Bcl-2, Bcl-xL, Bcl-w, Mcl-1, A1) and down regulates
expression of pro-apoptotic factors (e.g. Bid, Bad, Bik, Bim, etc.), thus inhibiting apoptosis
and promoting survival. This combined action promotes B cell differentiation,
proliferation, survival and antibody production (as reviewed in Rickert RC et al., Immunol
Rev (2011) 244 (1): 115-133). In line with this finding, BCMA also supports growth and
15 survival of malignant human B cells, including multiple myeloma (MM) cells. Novak et al.
found that MM cell lines and freshly isolated MM cells express BCMA and TACI protein
on their cell surfaces and have variable expression of BAFF-R protein on their cell surface
(Novak et al., (2004) Blood 103(2):689-694).

The use of anti-BCMA antibodies for the treatment of lymphomas and multiple
20 myeloma are mentioned in WO2002066516 and WO2010104949. Antibodies against
BCMA are described e.g. in Gras M-P. et al. Int Immunol. 7 (1995) 1093-
1106, WO200124811, and WO200124812. Nevertheless, despite the fact that BCMA,
BAFF-R and TACI, i.e., B cell receptors belonging to the TNF receptor superfamily, and
their ligands BAFF and APRIL are subject to therapies in fighting against cancer, further
25 options for the treatment of such medical conditions are needed.

G-protein coupled receptor, class C, group 5, member D (GPRC5D) is an orphan,
atypical, class C GPCR first identified in 2001 (Bräuner-Osborne et al. Biochim Biophys
Acta. 1518(3):237-248, 2001). GPRC5D and other group 5 GPCRs have unusually short
amino-terminal domains for class C receptors, and are therefore, predicted to be
30 conformationally similar to class A receptors. In this regard they are unique, with
sequence homology to class C GPCRs and predicted structural topology comparable to
class A receptors. Functional consequence of GPRC5D activation has not been described
and the ligand remains unknown. The gene has three exons and is located on chromosome

5 12p13.3 in humans. GPRC5D receptor is highly conserved among various species and shares 92% identity with cynomolgus monkey GPRC5D.

The use of anti-GPRC5D antibodies for the treatment of multiple myeloma are mentioned in WO2016090329, WO2018017786, WO2018147245, and WO2019154890. Nevertheless, despite the fact that GPRC5D is subject to therapies in fighting against
10 cancer, further options for the treatment of such medical conditions are needed.

GPRC5D mRNA is predominantly expressed in all malignant plasma cells from MM patients (Atamaniuk JA et al. Eur J Clin Invest 42(9) 953-960; 2012; Frigyesi-blood and Cohen, et al. Hematology 18(6): 348-35; 2013). GPRC5D expression is variable among the patients and correlate well with plasma cell burden and genetic aberrations such
15 as Rb-1 deletion (Atamaniuk JA et al. Eur J Clin Invest 42(9) 953-960; 2012).

Clonal resistance is a common mechanism in relapse refractory myeloma. Targeting more than one myeloma tumor antigen and engaging T-cells could lead to efficient killing of malignant plasma cells and minimal residual disease (MRD) negativity. Dual BCMA and GPRC5D targeting enhances antibody avidity and potency, maximizes
20 tumor eradication in presence of a heterogenous cell population, prevents tumor antigen escape (e.g., captures MM cells that do not express enough BCMA or GPRC5D alone), improves tumor efficacy and may mitigate potential for cytokine release syndrome (CRS). Accordingly, there is a need for therapeutic antibodies that target both BCMA and GPRC5D for the treatment of multiple myeloma and/or related medical conditions.

25

SUMMARY

In one aspect, provided herein are multispecific antibodies that bind, or specifically bind, to BCMA, GPRC5D and CD3 and multispecific antigen-binding fragments thereof. In some embodiments, provided herein are trispecific antibodies that bind, or specifically
30 bind, to BCMA, GPRC5D and CD3 and trispecific antigen-binding fragments thereof. Also described are related polynucleotides capable of encoding the provided BCMA x GPRC5D x CD3-multispecific antibodies or multispecific antigen-binding fragments, cells expressing the provided antibodies or multispecific antigen-binding fragments, as well as associated vectors and detectably labeled multispecific antibodies or multispecific antigen-

5 binding fragments. In addition, methods of using the provided multispecific antibodies are described. For example, the BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments may be used to treat cancer (e.g., BCMA and/or GPRC5D-expressing cancer); the BCMA x GPRC5D x CD3-multispecific antibodies may be used to diagnose or monitor BCMA and/or GPRC5D-expressing cancer progression,
10 regression, or stability; to determine whether or not a patient should be treated for cancer; or to determine whether or not a subject is afflicted with BCMA and/or GPRC5D-expressing cancer and thus may be amenable to treatment with a BCMA and/or GPRC5D-specific anti-cancer therapeutic, such as the BCMA x GPRC5D x CD3-multispecific antibodies described herein.

15

BCMA x GPRC5D x CD3-Multispecific Antibodies

Described herein are isolated multispecific antibodies that bind BCMA, GPRC5D and CD3 ("BCMA x GPRC5D x CD3 multispecific antibodies") and multispecific antigen-binding fragments thereof.

20 In preferred embodiments, the BCMA x GPRC5D x CD3 multispecific antibody or antigen-binding fragment is a trispecific antibody or antigen-binding fragment. In some embodiments, an isolated BCMA x GPRC5D x CD3 trispecific antibody, or a trispecific binding fragment thereof, comprises: (a) a first antigen-binding arm comprising a first heavy chain variable domain (VH1) and a first light chain variable domain (VL1); (b) a
25 second antigen-binding arm comprising a second heavy chain variable domain (VH2) and a second light chain variable domain (VL2); and (c) a third antigen-binding arm comprising a third heavy chain variable domain (VH3) and a third light chain variable domain (VL3). In some embodiments, the first antigen-binding arm binds to an epitope on CD3, the second antigen-binding arm binds to an epitope on GPRC5D, and the third
30 antigen-binding arm binds to an epitope on BCMA.

In some embodiments, the first antigen-binding arm of the trispecific antibody, or a trispecific binding fragment thereof comprises a first heavy chain portion (HC1) comprising the VH1 and a light chain portion comprising the VL1. The VH1 and the VL1 form a first antigen-binding domain that binds a first antigen. The second antigen-binding

5 arm of the trispecific antibody or trispecific binding fragment thereof comprises a second heavy chain portion (HC2) comprising the VH2. The VH2 of the HC2 forms a second antigen-binding domain that binds a second antigen. The HC1 or the HC2 is further coupled to the third antigen-binding arm comprising the VH3 that forms a third antigen-binding domain that binds a third antigen. The HC1 and HC2 each optionally comprise a

10 Fragment crystallizable (Fc) domain, where the Fc domain comprises a constant heavy chain region 2 (CH2) and CH3. In some embodiments, the first antigen is cluster of differentiation 3 (CD3), and the second antigen is B cell maturation antigen (BCMA), and the third antigen is G-protein coupled receptor family C group 5 member D (GPRC5D). In some embodiments, the first antigen is cluster of differentiation 3 (CD3), and the second

15 antigen is G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen is B cell maturation antigen (BCMA). Some aspects of the BCMA x GPRC5D x CD3 trispecific antibody, or a trispecific binding fragment thereof, are further described in the Detailed Description and Examples sections below.

In some embodiments, the BCMA-binding arm binds human BCMA but not to

20 cynomolgus monkey BCMA. In some embodiments, the BCMA-binding arm binds bind to an epitope including one or more residues from the BCMA extracellular domain (ECD). In some embodiments, the BCMA-binding arm (or “BCMA-specific arm”) of the BCMA x GPRC5D x CD3 multispecific antibody is derived from a BCMA antibody described herein (for example, from an antibody having the CDR sequences listed in Table 1).

25 In some embodiments, the GPRC5D-specific arm of the multispecific antibody binds human GPRC5D but not to cynomolgus monkey GPRC5D. In some embodiments, the GPRC5D-specific arm of the BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments binds the extracellular domain of human GPRC5D. In some embodiments, the GPRC5D-binding arm (or “GPRC5D-specific arm”) of the BCMA x

30 GPRC5D x CD3 multispecific antibody is derived from a GPRC5D antibody described herein (for example, from an antibody having the CDR sequences listed in Table 2).

The redirection of T-lymphocytes to MM cells expressing BCMA and/or GPRC5D via the TCR/CD3 complex represents an attractive alternative approach. The TCR/CD3 complex of T-lymphocytes consists of either a TCR alpha (α)/beta (β) or TCR

5 gamma (γ)/delta (δ) heterodimer coexpressed at the cell surface with the invariant subunits of CD3 labeled gamma (γ), delta (δ), epsilon (ϵ), zeta (ζ), and eta (η). In some embodiments, the multispecific antibodies or multispecific antigen-binding fragments described herein bind to CD3 ϵ . In some embodiments, the CD3-binding arm (or “CD3-specific arm”) of the BCMA x GPRC5D x CD3 multispecific antibody is derived from the
 10 monoclonal antibody CD3B376. In some embodiments, the CD3-binding arm (or “CD3-specific arm”) of the BCMA x GPRC5D x CD3 multispecific antibody is derived from the monoclonal antibody SP34, a mouse IgG3/lambda isotype. (K.R. Abhinandan and A. C. Martin, 2008. Mol. Immunol. 45, 3832-3839). In some embodiments, the CD3-binding arm of the BCMA x GPRC5D x CD3 multispecific antibody comprises the heavy chain
 15 CDRs and/or light chain CDRs described in Table 3, or any one VH domain and/or any one VL domain selected from Table 3.

In some embodiments, the BCMA-, GPRC5D- and/or CD3-specific arms of the BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments are IgG, or derivatives thereof. The IgG class is divided in four isotypes: IgG1, IgG2, IgG3 and
 20 IgG4 in humans. They share more than 95% homology in the amino acid sequences of the Fc regions but show major differences in the amino acid composition and structure of the hinge region. The Fc region mediates effector functions, such as antibody-dependent cellular cytotoxicity (ADCC) and complement-dependent cytotoxicity (CDC). In ADCC, the Fc region of an antibody binds to Fc receptors (Fc γ Rs) on the surface of immune
 25 effector cells such as natural killers and macrophages, leading to the phagocytosis or lysis of the targeted cells. In CDC, the antibodies kill the targeted cells by triggering the complement cascade at the cell surface.

For many applications of therapeutic antibodies, Fc-mediated effector functions are not part of the mechanism of action. These Fc-mediated effector functions can be
 30 detrimental and potentially pose a safety risk by causing off-mechanism toxicity. Modifying effector functions can be achieved by engineering the Fc regions to reduce their binding to Fc γ Rs or the complement factors. The binding of IgG to the activating (Fc γ RI, Fc γ RIIa, Fc γ RIIIa and Fc γ RIIIb) and inhibitory (Fc γ RIIb) Fc γ Rs or the first component of complement (C1q) depends on residues located in the hinge region and the CH2 domain.

- 5 Mutations have been introduced in IgG1, IgG2 and IgG4 to reduce or silence Fc functionalities.

In one embodiment, the antibody comprises an Fc region with one or more of the following properties: (a) reduced effector function when compared to the parent Fc; (b) reduced affinity to FcγRI, FcγRIIa, FcγRIIb, FcγRIIIb and/or FcγRIIIa, (c) reduced affinity
10 to FcγRI (d) reduced affinity to FcγRIIa (e) reduced affinity to FcγRIIb, (f) reduced affinity to FcγRIIIb or (g) reduced affinity to FcγRIIIa.

In some embodiments, the CD3-specific antibody or antigen-binding fragment from which the CD3-specific arm of the multispecific antibody is derived is IgG, or a derivative thereof. In some embodiments, the CD3-specific antibody or antigen-binding
15 fragment from which the CD3-specific arm of the multispecific antibody is derived is IgG1, or a derivative thereof. In some embodiments, for example, the Fc region of the CD3-specific IgG1 antibody from which the CD3-binding arm is derived comprises L234A, L235A, and D265S substitutions in its Fc region. In some embodiments, the CD3-specific antibody or antigen-binding fragment from which the CD3-specific arm of the
20 multispecific antibody is derived is IgG4, or a derivative thereof. In some embodiments, for example, the Fc region of the CD3-specific IgG4 antibody from which the CD3-binding arm is derived comprises S228P, L234A, L235A, F405L, and R409K substitutions in its Fc region. In some embodiments, the CD3-specific antibody or antigen-binding fragment from which the CD3-specific arm of the multispecific antibody is derived binds
25 CD3ε on primary human T cells and/or primary cynomolgus T cells. In some embodiments, the CD3-specific antibody or antigen-binding fragment from which the CD3-specific arm of the multispecific antibody is derived activates primary human CD4+ T cells and/or primary cynomolgus CD4+ T cells.

In addition to the described BCMA x GPRC5D x CD3-multispecific antibodies,
30 also provided are polynucleotide sequences capable of encoding the described BCMA x GPRC5D x CD3-multispecific antibodies. In some embodiments, an isolated synthetic polynucleotide encoding the one or more CDRs of the heavy chain variable domain and/or one or more CDRs of the light chain variable domain of each antigen-binding arm of the BCMA x GPRC5D x CD3 trispecific antibody or trispecific binding fragment is provided.

- 5 In some embodiments, an isolated synthetic polynucleotide encoding one or more heavy chain variable domains and/or one or more light chain variable domains of the BCMA x GPRC5D x CD3 trispecific antibody or trispecific binding fragment is provided. In some embodiments, an isolated synthetic polynucleotide encoding one or more polypeptide chains of the first, second, and/or third antigen-binding arms of the BCMA x GPRC5D x
- 10 CD3 trispecific antibody or trispecific binding fragment is provided. Vectors comprising the described polynucleotides are also provided, as are cells expressing the BCMA x GPRC5D x CD3-multispecific antibodies provided herein. In another embodiment, an isolated cell expressing the multispecific antibody or multispecific binding fragment is provided. Also described are cells capable of expressing the disclosed vectors. These cells
- 15 may be mammalian cells (such as 293 cells, 293F cells, CHO cells), insect cells (such as Sf7 cells), yeast cells, plant cells, or bacteria cells (such as E. coli). The described antibodies may also be produced by hybridoma cells. In some embodiments, methods for generating the BCMA x GPRC5D x CD3 trispecific antibody or trispecific binding fragment by culturing cells is provided.
- 20 Further provided herein are pharmaceutical compositions comprising the BCMA x GPRC5D x CD3 multispecific antibodies or antigen-binding fragments and a pharmaceutically acceptable carrier.

Methods of using BCMA x GPRC5D x CD3-Multispecific Antibodies

- 25 Methods of using the described BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments thereof are also disclosed. For example, the BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments thereof may be useful in the treatment of a GPRC5D and/or BCMA-expressing cancer in a subject in need thereof. In some embodiments, the GPRC5D and/or BCMA-
- 30 expressing cancer is a lymphoma, such as multiple myeloma including smoldering multiple myeloma (SMM). In some embodiments, the GPRC5D and/or BCMA-expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma.

5 The described methods of treating GPRC5D and/or BCMA-expressing cancer in a subject in need thereof include administering to the subject a therapeutically effective amount of a described BCMA x GPRC5D x CD3-multispecific antibody or multispecific antigen-binding fragment thereof. In some embodiments, the subject is a mammal, preferably a human. In preferred embodiments are provided methods for treating a subject
10 having cancer by administering a therapeutically effective amount of the BCMA x GPRC5D x CD3 trispecific antibody or trispecific antigen-binding fragment to a patient in need thereof for a time sufficient to treat the cancer.

 Further provided herein are methods for inhibiting growth or proliferation of cancer cells by administering a therapeutically effective amount of the BCMA x GPRC5D x CD3
15 trispecific antibody or trispecific binding fragment to inhibit the growth or proliferation of cancer cells.

 Also provided herein are methods of redirecting a T cell to a GPRC5D and/or BCMA-expressing cancer cell by administering a therapeutically effective amount of the BCMA x GPRC5D x CD3 trispecific antibody or trispecific binding fragment to redirect a
20 T cell to a cancer.

 The skilled person will understand that the methods of using the described BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments thereof may be specified in medical use format, for example in the form of BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments for
25 use in the treatment of disease as defined herein, in particular cancer. This skilled person will also understand that the methods of using the described BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments thereof may be specified in so-called Swiss form, for example in the form of the use of BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments for the
30 manufacture of a medicament for the treatment of disease as defined herein, in particular cancer. This applies throughout the disclosure.

BCMA x GPRC5D x CD3-Specific Antibody Kits

5 Described herein are kits including the disclosed BCMA x GPRC5D x CD3-
multispecific antibodies. The described kits may be used to carry out the methods of using
the BCMA x GPRC5D x CD3-multispecific antibodies provided herein, or other methods
known to those skilled in the art. In some embodiments the described kits may include the
antibodies described herein and reagents for use in treating a GPRC5D and/or BCMA-
10 expressing cancer. Accordingly, the described kits may include one or more of the
multispecific antibodies, or a multispecific antigen-binding fragment(s) thereof, described
herein and a vessel for containing the antibody or fragment when not in use, and/or
instructions for use of the antibody or fragment, the antibody or fragment affixed to a solid
support, and/or detectably labeled forms of the antibody or fragment, as described herein.

15

BCMA-Specific Antibodies

Also provided herein are antibodies that bind to BCMA and antigen-binding
fragments thereof. Also described are related polynucleotides capable of encoding the
provided BCMA-specific antibodies and antigen-binding fragments, cells expressing the
20 provided antibodies and antigen-binding fragments, as well as associated vectors and
detectably labeled antibodies and antigen-binding fragments. In addition, methods of
using the provided antibodies and antigen-binding fragments are described. For example,
the BCMA-specific antibodies and antigen-binding fragments may be used to treat cancer
(e.g., BCMA-expressing cancer); the BCMA-specific antibodies and antigen-binding
25 fragments may be used to diagnose or monitor BCMA-expressing cancer progression,
regression, or stability; to determine whether or not a patient should be treated for cancer;
or to determine whether or not a subject is afflicted with BCMA-expressing cancer and
thus may be amenable to treatment with a BCMA-specific anti-cancer therapeutic, such as
the multispecific antibodies against BCMA and CD3 described herein. Some aspects of
30 the BCMA-specific antibody, or an antigen-binding fragment, are further described in the
Detailed Description and Examples sections below.

Methods of using BCMA-Specific Antibodies

5 Methods of using the described BCMA-specific antibodies or antigen-binding fragments are also disclosed. Particular antibodies for use in the methods discussed in this section include those with the set of CDRs described for antibodies in Table 1 (e.g., BCMB519). For example, these antibodies or antigen-binding fragments may be useful in treating cancer, by interfering with BCMA-receptor interactions or where the antibody is
10 conjugated to a toxin, so targeting the toxin to the BCMA-expressing cancer. Further, these antibodies or antigen-binding fragments may be useful for detecting the presence of BCMA in a biological sample, such as blood or serum; for quantifying the amount of BCMA in a biological sample, such as blood or serum; for diagnosing BCMA-expressing cancer; determining a method of treating a subject afflicted with cancer; or monitoring the
15 progression of BCMA-expressing cancer in a subject. In some embodiments, BCMA-expressing cancer may be a lymphoma, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM). In some embodiments, the BCMA-expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. The described methods may be carried out before the subject
20 receives treatment for BCMA-expressing cancer, such as treatment with a multispecific antibody against BCMA and CD3. Furthermore, the described methods may be carried out after the subject receives treatment for BCMA-expressing cancer, such as treatment with a multispecific antibody against BCMA and CD3 described herein.

 The described methods of detecting BCMA in a biological sample include exposing
25 the biological sample to one or more of the BCMA-specific antibodies or antigen-binding fragments described herein.

 The described methods of diagnosing BCMA-expressing cancer in a subject also involve exposing the biological sample to one or more of the BCMA-specific antibodies or antigen-binding fragments described herein; however, the methods also include
30 quantifying the amount of BCMA present in the sample; comparing the amount of BCMA present in the sample to a known standard or reference sample; and determining whether the subject's BCMA levels fall within the levels of BCMA associated with cancer.

 Also described herein are methods of monitoring BCMA-expressing cancer in a subject. The described methods include exposing the biological sample to one or more of

5 the BCMA-specific antibodies or antigen-binding fragments described herein; quantifying the amount of BCMA present in the sample that is bound by the antibody, or antigen-binding fragment thereof; comparing the amount of BCMA present in the sample to either a known standard or reference sample or the amount of BCMA in a similar sample previously obtained from the subject; and determining whether the subject's BCMA levels
10 are indicative of cancer progression, regression or stable disease based on the difference in the amount of BCMA in the compared samples.

The samples obtained, or derived from, subjects are biological samples such as urine, blood, serum, plasma, saliva, ascites, circulating cells, circulating tumor cells, cells that are not tissue associated, tissues, surgically resected tumor tissue, biopsies, fine needle
15 aspiration samples, or histological preparations.

The described BCMA-specific antibodies or antigen-binding fragments may be labeled for use with the described methods, or other methods known to those skilled in the art. For example, the antibodies described herein, or antigen-binding fragments thereof, may be labeled with a radiolabel, a fluorescent label, an epitope tag, biotin, a chromophore
20 label, an ECL label, an enzyme, ruthenium, ^{111}In -DOTA, ^{111}In -diethylenetriaminepentaacetic acid (DTPA), horseradish peroxidase, alkaline phosphatase and beta-galactosidase, or poly-histidine or similar such labels known in the art.

BCMA-Specific Antibody Kits

25 Described herein are kits including the disclosed BCMA-specific antibodies or antigen-binding fragments thereof. The described kits may be used to carry out the methods of using the BCMA-specific antibodies or antigen-binding fragments provided herein, or other methods known to those skilled in the art. In some embodiments the described kits may include the antibodies or antigen-binding fragments described herein
30 and reagents for use in detecting the presence of BCMA in a biological sample. Accordingly, the described kits may include one or more of the antibodies, or an antigen-binding fragment(s) thereof, described herein and a vessel for containing the antibody or fragment when not in use, instructions for use of the antibody or fragment, the antibody or

- 5 fragment affixed to a solid support, and/or detectably labeled forms of the antibody or fragment, as described herein.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1A-1B. Depiction of BGCB463 trispecific antibody (FIG. 1A) and proposed
10 mode of action (FIG. 1B).

FIGs. 2A-2D. BGCB463 (circles) or negative control B23B251 (triangles) were all incubated with H929 wild type (WT) (FIG. 2A), H929-GPRC5D knock out (KO) (FIG. 2B), H929-BCMA KO (FIG. 2C), and H929-GPRC5D/BCMA KO (FIG. 2D) cells for 1hr at 37°C at a starting concentration of 2µM. After secondary detection with AF647-labeled
15 material, the MFI signal was analyzed to generate an EC₅₀ and EC₉₀. Curves are representative of five independent experiments. EC₅₀ or EC₉₀ values are averages of these.

FIGs. 3A-3D. BGCB463 (circles) or negative control B23B251 (triangles) were all incubated with MM.1R WT (FIG. 3A), MM.1R -GPRC5D KO (FIG. 3B), MM.1R -BCMA KO (FIG. 3C), and MM.1R -GPRC5D/BCMA KO (FIG. 3D) cells for 1hr at 37°C
20 at a starting concentration of 2µM. After secondary detection with AF647-labeled material, the MFI signal was analyzed to generate an EC₅₀ and EC₉₀. Curves are representative of five independent experiments.

FIGs. 4A-4C. BGCB463 (circles) or negative control B23B251 (triangles) were all incubated with Pan T cells (3 random donors, FIG. 4A-4C) for 1hr at 37°C at a starting
25 concentration of 2µM. After secondary detection with AF647-labeled material, the MFI signal was analyzed to generate an EC₅₀ and EC₉₀. Data are representative of two individual runs, both with three donors.

FIGs. 5A-5C. BGCB463 was incubated with Pan T cells (3 random donors, FIG. 5A, FIG. 5B, and FIG. 5C) for 1hr at 4°C (circles) or 37°C (triangles) at a starting
30 concentration of 2µM. After secondary detection with AF647-labeled material, the MFI signal was analyzed to generate an EC₅₀.

FIGs. 6A-6C. BGCB463.003 (circles), BGCB463.004 (squares), and negative control B23B251 (triangles) were tested with H929 (FIG. 6A), MM.1R (FIG. 6B), and Pan T (FIG. 6C) cells from 3 donors. Molecules were incubated for 1hr at 37°C at a starting

5 concentration of 2 μ M. After secondary detection with AF647-labeled material, the MFI signal was analyzed.

FIGs. 7A-7D. H929 (FIG. 7A), H929-GPRC5D KO (FIG. 7B), H929-BCMA KO (FIG. 7C), and H929-GPRC5D/BCMA KO (FIG. 7D) cells were all incubated for 1hr, 3hr, 5hr, and 24hr at three optimized concentrations of BGCB463 at 37°C. Cells were then
10 washed and incubated for 30min on ice with AF647-anti-human IgG. Read out is MFI of AF647 signal.

FIGs. 8A-8D. MM.1R WT (FIG. 8A), MM.1R -GPRC5D KO (FIG. 8B), MM.1R -BCMA KO (FIG. 8C), and MM.1R -GPRC5D/BCMA KO (FIG. 8D) cells were all incubated for 1hr, 3hr, 5hr, and 24hr at three optimized concentrations of BGCB463 at
15 37°C. Cells were then washed and incubated for 30min on ice with AF647-anti-human IgG. Read out is MFI of AF647 signal.

FIGs. 9A-E. BGCB463 (circles) or negative control B23B251 (triangles) were all incubated with K562 cells expressing human GPRC5D (FIG. 9A), human BCMA (FIG. 9B), cynomolgus GPRC5D (FIG. 9C) or cynomolgus BCMA (FIG. 9D) for 1hr at 37°C at
20 a starting concentration of 2 μ M. After secondary detection with AF647-anti-human IgG, the MFI signal was analyzed to generate an EC₅₀ and EC₉₀ (FIG. 9E). Data are representative of two independent experiments.

FIGs. 10A-10B. BGCB463 (circles) or negative control B23B251 (triangles) at a starting concentration of 10nM were incubated with K562 cells expressing human or
25 cynomolgus GPRC5D or 100nM for K562 expressing human/cynomolgus BCMA as targets cells. Human activation and cytotoxicity in FIG. 10A. Cynomolgus activation and cytotoxicity in FIG. 10B. Human Pan T cells (1 donor) were added with an effector to target (E:T) ratio of 3:1 and incubated for 72hr at 37°C. Cytotoxicity was determined using live/dead fixable dye and CD25 was measured using BV421-conjugated anti-CD25.

30 **FIG. 11.** H929 cells were incubated with increasing concentration of BGCB463 or negative control B23B251 for 1hr at 37°C with AF647- anti-human IgG in the presence of media (RPMI containing 10% FBS) or RPMI containing 90% human serum. BGCB463 binding is unaffected by the presence of serum.

5 **FIG. 12.** T cells were incubated with increasing concentration of BGCB463 or negative control B23B251 for 1hr at 37°C with AF647-anti-human IgG in the presence of media (RPMI containing 10% FBS) or RPMI containing 90% human serum. Data are representative of three donors tested in two experiments. BGCB463 binding is unaffected by the presence of serum.

10 **FIGs. 13A-13B.** H929-GFP cells were incubated with BGCB463 and human Pan T cells from 3 donors at an E:T ratio of 3:1 with anti-CD25-AF647 added to track T cell activation (FIG. 13A). Percent cytolysis was calculated based on GFP signal in treated vs. untreated wells (FIG. 13B). The incubation lasted about 140 hours with images acquired every three hours.

15 **FIGs. 14A-14F.** H929-GFP cells were incubated with BGCB463, or B23B251 (isotype control) molecules and human Pan T cells from four donors at an E:T ratio of 1:1 and 5:1 with anti-CD25-AF647 added to track T cell activation. Percent cytolysis was calculated based on GFP signal in treated vs. untreated wells. The incubation lasted about 140 hours with images acquired every three hours. BGCB463, 1:1 ratio, cytolysis (FIG. 14A). BGCB463, 1:1 ratio, total integrated intensity (FIG. 14B). BGCB463, 5:1 ratio, cytolysis (FIG. 14C). BGCB463, 5:1 ratio, total integrated intensity (FIG. 14D). B23B251, 5:1 ratio, cytolysis (FIG. 14E). B23B251, 5:1 ratio, total integrated intensity (FIG. 14F).

25 **FIGs. 15A-15D.** Determination of soluble BCMA interference using patient serums. Donor 1 (FIG. 15A); Donor 2 (FIG. 15B); Donor 3 (FIG. 15C); and normal serum (FIG. 15D). Patient serums with known levels of sBCMA were incubated (90% serum to 10% media) with directly labeled BGCB463-AF647 and B23B251-AF647 isotype control for 1hr at 37°C on H929 cells. 50% and 10% patient serum was diluted with normal serum to a final concentration of 50% and 10% respectively.

30 **FIG. 16.** Depiction of BGCB491 trispecific antibody.

FIGs. 17A-17B. BGCB463, BGCB491, and three controls (BGCB482 (CD3xNullxNull), BGCB483 (CD3xNullxBCMA), BGCB484 (CD3xGPC5DxNull)) were tested against BCMA⁺ GPRC5D⁺ cells (FIG. 17A) and BCMA⁻ GPRC5D⁻ cells (FIG. 17B). Effector to target (E:T) ratio of 3:1; n=1 T-cell donors, 72 hours incubation, top

5 concentration 53 nM, 1-5 dilution. Tests were performed for both cytotoxicity and T-cell activation.

FIGs. 18A-18B. BGCB463 and BGCB491 depleted H929 WT, GPRC5D KO, and BCMA KO cell lines both 72 and 96 hours after primary incubation (FIG. 18A). The E:T ratio was 3:1, n=5 T-cell donors; 72(5) and 96(4) hours incubation; top concentration 532 mM, 1-5 dilution gradient. Both antibodies show increased T-cell activation both 72 and 10 96 hours in the same H929 WT, GPRC5D KO, and BCMA KO cells as above (FIG. 18B).

FIG. 19. BGCB463 and BGCB491 were testing in cytotoxicity and T-cell activation assays with H929, RAMOS and GRANTA-519 cells lines. E:T was 5:1, n=1 T-cell donors; 72 hours incubation only; top concentration of 53 nM; and a 1-5 dilution.

15 **FIG. 20.** BGCB463 and BGCB491 were testing in cytotoxicity and T-cell activation whole blood assays with H292 cells. E:T was 5:1, n=2 whole blood donors; 48 hours incubation; top concentration of 532 nM; and a 1-5 dilution.

FIGs. 21A-21B. BGCB463 was shown to regress tumor growth in MM.1S and RPMI 8226 xenograft mouse models if given in a high enough dose: either 2ug or 10ug in 20 the MM.1S model (FIG. 21A) or 5ug or 10ug in the RPMI 8226 model (FIG. 21B).

FIG. 22. BGCB463 and BGCB491 were shown to regress tumor growth in H929 prophylactic xenograft mouse models. Compared to PBS controls both 0.5ug and 5ug doses slowed tumor growth in both H929-BCMA KO and H929-GPRC5D KO models, with the higher 5ug concentration showing more effect.

25 **FIG. 23.** BGCB463 and BGCB491 were tested in a 1hr, 37°C DRC Pan-T binding assay. Two human Pan-T cell donors were used, and test molecules had 2uM starting concentrations with a 1:3 dilution and 11 point DRC.

FIGs. 24A-24D. BGCB463, BGCB491, and a null control were tested against H929 WT (FIG. 24A), H929-BCMA KO (FIG. 24B), H929-GPRC5D KO (FIG. 24C), and 30 H929-BCMA/GPRC5D double KO (FIG. 24D) cells in a 1 hour, 37°C DRC suite binding assay.

FIG. 25. Representative binding profiles of BGCB491 on H929 WT, H929-BCMA KO cells, H929-GPRC5D KO cells, and/or H929-BCMA/GPRC5D double KO cells after 1 hour 37°C incubation. BGCB491 is indicated with ● and negative control

5 CD3xNullxNull BGCB510 is indicated with ■. Curves are representative of 5 independent experiments. H929-GPRC5D-KO clone H15 is a heterozygous KO line with 2 copies of gene of 30% and 61% distribution. H929-BCMA-KO clone J8 is a heterozygous KO line with 2 copies of gene of equal 50% distribution.

10 **FIG. 26.** Primary T cell binding profiles of BGCB491 on 7 donor cell preparations after 1 hour incubation at 37°C. MFI, mean fluorescence intensity.

FIG. 27. Representative bioinformatic binding curve extrapolation with CD3B376xNull control antibody (GCDB381).

FIGs. 28A-28B. BGCB491-mediated (FIG. 28A) cell cytotoxicity and (FIG. 28B) T cell activation of BCMA-GPRC5D-dual-positive and BCMA-GPRC5D-dual-negative cell lines. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations (0.00005 to 533.33 nM, X axis) in the presence of pan T cells from 6 healthy donors (donor ID: 20063323, 20063309, 20062062, 20063310, 20062105, and 20061963) and Fc blocker (2 mg/mL) and incubated for 72 hours. The optimal E:T ratio of 3:1 was tested in these studies (for E:T ratio assessment see FIGs. 33A-33B). The plots were generated using Prism 8 by fitting separate 4PL models to the observed data. The data points aligned tightly along the generated fit curve and little variability was observed between T cell donors (6 donor averages plotted). In FIG. 28A, target cell death was measured and expressed as percent cytotoxicity on Y axis. In FIG. 28B, T cell activation was measured as percent CD25+CD3+ T cells.

25 **FIG. 29.** BGCB491-mediated H929 CRISPR KO clonal cell cytotoxicity and T cell activation. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations (0.00005 to 533.33 nM, X axis) in the presence of pan T cells from 4 healthy donors (donor ID: 20063323, 20063309, 20062062, and 20063310) and Fc blocker (2 mg/mL) and incubated for 72 hours. The E:T ratio of 3:1 was tested in these studies.

30 The plots were generated using Prism 8 by fitting separate 4PL models to the observed data. The data points aligned tightly along the generated fit curve and little variability was observed between T cell donors (4-donor averages plotted). Target cell death was measured and expressed as percent cytotoxicity in the top row and T cell activation

5 measured as percent CD25 expressing CD3⁺ positive cells was shown in the bottom row (Y axis).

FIG. 30. BGCB491-mediated target cell cytotoxicity in whole blood spiked with H929 MM cells (MABEL assay). MABEL, minimum anticipated biological effect level. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various
 10 concentrations (0.00005 to 533.33 nM, X axis) to whole blood from 7 healthy donors (donor ID: 10145, 10403, 10420, 10083, 10463, 10493, and 10145; T cell source) in presence of H929 target myeloma cells at an adjusted E:T ratio of 5:1 for 48 hours. The plots were generated using Prism 8 by fitting separate 4PL models to the observed data. The data points aligned tightly along the generated fit curve and little variability was
 15 observed between T cell donors (7 donor averages plotted). Target cell death was measured and expressed as percent cytotoxicity and T cell activation measured as percent CD25⁺CD3⁺ cells. In this experiment teclistamab and talquetamab were tested as positive controls.

FIG. 31. Cytokine profiles of BGCB491 from MABEL assay. MSD, Meso Scale
 20 Discovery. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations (0.00005 to 533.33 nM, X axis) to whole blood from 3 healthy donors. H929 cell supernatants from the above cytotoxicity experiment (FIG. 7; 3 T cell donors; donor ID: 10083, 10463, and 10493) were collected and analyzed for cytokine levels using an MSD-based multiplex assay (Cat #: K15049D). Cytokine levels were measured as
 25 pg/mL. The plots were generated using Prism 8 by fitting separate 4PL models to the observed data. The data points aligned tightly along the generated fit curve and little variability was observed between T cell donors (3 donor averages plotted). In this experiment teclistamab and talquetamab were tested as positive controls.

FIG. 32. Cytotoxic potency of BGCB491 against human primary MM CD138⁺
 30 cells. MNC, mononuclear cell. Frozen bone-marrow-derived mononuclear cells from 4 different myeloma patients (MM BM MNC-626, 649, 652, and 653) were used to assess BGCB491 plasma cell depletion (top row) and T cell activation (bottom row) potential. T cells from a normal healthy donor (donor ID: 20063309) were exogenously added to patient BM MNC samples (E:T ratio of 1:1) and incubated with BGCB491,

5 CD3xNullxNull, teclistamab, or talquetamab (0.00005 to 533.33 nM, X axis) for 48 hours. The loss of live plasma cells (CD138+) and the concomitant upregulation of CD25 on T cells in response to BGCB491 treatment is observed. Variability in total initial plasma cell count was observed between the donors. Individual target receptor density values and percentage target-positive population are listed.

10 **FIGs. 33A-33B.** BGCB491 cytotoxicity potential at various E:T ratios and incubation times (H929 cell line). (FIG. 33A) BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were tested in presence of pan T cells from 1 healthy donor (donor ID: 20063323) at 4 different E:T ratios (5:1, 3:1, 1:1, and 0.5:1) for 72 hours. (FIG. 33B) BGCB491 was tested at an E:T ratio of 3:1 and 1:1 for various time points (24 hours -
15 Circle, 48 hours -Upward triangle, 72 hours -Downward triangle, 96 hours -Hexagonal, 120 hours -Diamond, 144 hours -Star, and 168 hours -Square) using 4 different T cell donors (donor ID: 20062105, 20063309, 20061963, and 20063310). Target cell death and T cell activation were measured and expressed as percent cytotoxicity and percent CD25+CD3+ T cells. The plots were generated using Prism 8 by fitting separate 4PL
20 models to the observed data. The data points aligned tightly along the generated fit curve and little variability was observed between T cell donors: (FIG. 33A) 1 and (FIG. 33B) 4 donor averages plotted.

FIGs. 34A-34C. BGCB491 effect on T cell activation in absence of target cells. A T cell activation assay was performed using (FIG. 34A) 6 normal healthy donor T cells
25 (donor ID: 20063323, 20063309, 20062062, 20063310, 20062105, and 20061963) or (FIG. 34B) 6 normal donor whole-blood samples (donor ID: 10274, 10402, 10427, 10470, 10500, and 10509). (FIG. 34C) Non-specific cytotoxicity was measured for various subsets. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations (0.00005 to 533.33 nM, X axis) for (FIG. 34A) 72 hours and (FIG. 34B,
30 34C) 48 hours.

FIG. 35. Antitumor efficacy of BGCB491, teclistamab, and talquetamab in subcutaneous (SC) RPMI 8226 xenografts in T cell-humanized NSG mice (Study A). KO, knock-out; NSG, non-obese diabetic (NOD) severe combined immunodeficiency (scid) gamma or NOD.Cg *Prkdc^{scid} Il2rg^{tm1Wjl}/SzJ*; PBS, phosphate-buffered saline; SEM,

5 standard error of the mean. T cell-humanized NSG mice bearing established SC RPMI 8226 tumors were intraperitoneally (IP) dosed with BGCB491 at 0.1, 0.4, 1, and 2.5 mg/kg. Teclistamab was IP dosed at 0.4, 1, and 2.5 mg/kg. Talquetamab was IP dosed at 2.5 mg/kg. Treatments were administered on Days 19, 21, 25, 28, 31, 34, 38, and 41 (indicated by black line beneath X axis). Tumor volume was measured twice weekly, and
10 the results presented as the mean tumor volume $\pm$ SEM for each group. Data graphically represented for each group with at least 70% of animals remaining in the study.

FIG. 36. Antitumor efficacy of BGCB491, teclistamab, and talquetamab in subcutaneous (SC) H929-BCMA-KO and H929-GPRC5D-KO xenografts in T cell-humanized NSG mice (Study B). KO, knock-out; NSG, non-obese diabetic (NOD) severe
15 combined immunodeficiency (scid) gamma or NOD.Cg *Prkdc^{scid} Il2rg^{tm1Wjl}/SzJ*; PBS, phosphate-buffered saline; SEM, standard error of the mean. T cell humanized NSG mice bearing H929-BCMA-KO (left flank) and H929-GPRC5D-KO (right flank) tumors were dosed intraperitoneally (IP) with BGCB491 at 0.025, 0.1, 0.25, and 0.5 mg/kg. Teclistamab and talquetamab were IP dosed at 0.1 and 0.25 mg/kg. Treatments were
20 administered on Days 1, 5, 9, 13, 16, 19, and 22 (indicated by black line beneath X axis). Tumor volume was measured twice weekly, and the results presented as the mean tumor volume $\pm$ SEM for each group. Data graphically represented for each group with at least 70% of animals remaining in the study.

FIGs. 37-38. Individual BGCB491 serum concentration – time profiles following a
25 single intravenous (IV) 0.5 mg/kg dose in female cynomolgus monkey (FIG. 37) and predicted model (FIG. 38). BQL, below quantification limit. Data points with concentrations below the lowest quantifiable concentration are not shown in the graph.

FIG. 39A-39B. Mean (SD) BGCB491 concentration – time profiles following a single dose of BGCB491 in male minipigs and model prediction. BQL, below
30 quantification limit; SD, standard deviation. Data points with concentrations below the lowest quantifiable concentration are not shown in the graph. Group 1: Dose = 0.01 mg/kg, subcutaneous (SC) administration. Group 2: Dose = 0.1 mg/kg, SC. Group 3: Dose = 0.1 mg/kg, IV.

5 **FIG. 40.** Kinetic binding profiles of BGCB463 on H929 WT and MM.1R WT cell lines throughout 24 hour 37°C incubation. MFI: mean fluorescence intensity.

FIG. 41. BGCB491 binding to endogenous BCMA-GPRC5D-expressing cell lines. Geo, geometric. BGCB491, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations (0.096 to 1,000 nM, X axis) and incubated for 1 hour at 37°C. The
10 plots were generated using Prism 8 by fitting separate 4PL models to the observed data. Binding intensities expressed as geometrical mean (Y axis).

FIG. 42. Kinetic cytotoxicity and T-cell activation of BGCB491 and CD3B2271 (null control) using T cells from 3 T-cell donors at (FIG. 42A) 1:1 and (FIG. 42B) 1:3 E:T ratios. The CD25 measurement on the Incucyte is a measure of T cell count and CD25
15 expression (total integrated intensity). CD25 is a later marker of T cell activation, typically detectable 24 hours after activation and peaking around 96 hours. It does not necessarily line up with cytotoxicity with regards to timing. Percent cytotoxicity was calculated based on green fluorescent protein (GFP) signal in treated versus untreated wells.

FIG. 43. Percent cytotoxicity and T-cell activation of BGCB491 and CD3B2271 (null
20 control) at 72-, 93-, and 120-hour timepoints at 1:1 effector-to-target (E:T) ratio.

FIG. 44. Percent cytotoxicity and T-cell activation of BGCB491 and CD3B2271 (null control) at 72-, 93-, and 120-hour timepoints at 1:3 E:T ratio.

FIG. 45. Antitumor efficacy of JNJ-79635322, teclistamab, and talquetamab in subcutaneous MM.1S xenografts in T cell-humanized NSG mice (Study C). NSG, non-
25 obese diabetic (NOD) severe combined immunodeficiency (*scid*) gamma or NOD.Cg-*Prkdc*^{scid} *Il2rg*^{tm1Wjl}/SzJ; PBS, phosphate-buffered saline; SEM, standard error of the mean. T-cell-humanized NSG mice bearing established SC MM.1S tumors were IP dosed with BGCB491 at 0.025, 0.1, 0.5, and 1 mg/kg. Talquetamab was IP dosed at 0.025 and 0.1 mg/kg. Teclistamab was IP dosed at 0.1 and 0.5 mg/kg treatments were
30 administered on Days 15, 19, 22, 26, 30, 34, and 37 (indicated by black line beneath X-axis). Tumor volume was measured twice weekly, and the results presented as the mean tumor volume ± SEM for each group. Data graphically represented for each group with at least 70% of animals remaining in the study. Animals were monitored post treatment until

5 signs of graft-versus-host disease (GvHD)-related morbidity manifested at which time the animals were euthanized and the study was concluded on Day 51.

FIGs. 46A-46B. BCMA lead (BCMB519) demonstrates comparable binding and cytotoxicity as Teclistamab with ideal scFv biophysical properties.

FIGs. 47. GPRC5d lead (GC5B680) demonstrates specific and improved binding
10 compared to Talquetamab with ideal scFv biophysical properties.

DETAILED DESCRIPTION OF ILLUSTRATIVE EMBODIMENTS

Definitions

Various terms relating to aspects of the description are used throughout the
15 specification and claims. Such terms are to be given their ordinary meaning in the art unless otherwise indicated. Other specifically defined terms are to be construed in a manner consistent with the definitions provided herein.

As used in this specification and the appended claims, the singular forms “a,” “an,” and “the” include plural referents unless the content clearly dictates otherwise. Thus, for
20 example, reference to “a cell” includes a combination of two or more cells, and the like.

The term “about” as used herein when referring to a measurable value such as an amount, a temporal duration, and the like, is meant to encompass variations of up to $\pm 10\%$ from the specified value, as such variations are appropriate to perform the disclosed methods. Unless otherwise indicated, all numbers expressing quantities of ingredients,
25 properties such as molecular weight, reaction conditions, and so forth used in the specification and claims are to be understood as being modified in all instances by the term “about.” Accordingly, unless indicated to the contrary, the numerical parameters set forth in the following specification and attached claims are approximations that may vary depending upon the desired properties sought to be obtained by the present invention. At
30 the very least, and not as an attempt to limit the application of the doctrine of equivalents to the scope of the claims, each numerical parameter should at least be construed in light of the number of reported significant digits and by applying ordinary rounding techniques.

Notwithstanding that the numerical ranges and parameters setting forth the broad scope of the invention are approximations, the numerical values set forth in the specific

5 examples are reported as precisely as possible. Any numerical value, however, inherently contains certain errors necessarily resulting from the standard deviation found in their respective testing measurements.

“Isolated” means a biological component (such as a nucleic acid, peptide or protein) has been substantially separated, produced apart from, or purified away from other biological components of the organism in which the component naturally occurs, i.e., other
10 chromosomal and extrachromosomal DNA and RNA, and proteins. Nucleic acids, peptides and proteins that have been “isolated” thus include nucleic acids and proteins purified by standard purification methods. “Isolated” nucleic acids, peptides and proteins can be part of a composition and still be isolated if such composition is not part of the
15 native environment of the nucleic acid, peptide, or protein. The term also embraces nucleic acids, peptides and proteins prepared by recombinant expression in a host cell as well as chemically synthesized nucleic acids. An “isolated” antibody or antigen-binding fragment, as used herein, is intended to refer to an antibody or antigen-binding fragment which is substantially free of other antibodies or antigen-binding fragments having
20 different antigenic specificities (for instance, an isolated antibody that specifically binds to BCMA is substantially free of antibodies that specifically bind antigens other than BCMA). An isolated antibody that specifically binds to an epitope, isoform or variant of BCMA or GPRC5D may, however, have cross-reactivity to other related antigens, for instance from other species (such as BCMA or GPRC5D species homologs).

25 “Polynucleotide,” synonymously referred to as “nucleic acid molecule,” “nucleotides” or “nucleic acids,” refers to any polyribonucleotide or polydeoxyribonucleotide, which may be unmodified RNA or DNA or modified RNA or DNA. “Polynucleotides” include, without limitation single- and double-stranded DNA, DNA that is a mixture of single- and double-stranded regions, single- and double-stranded
30 RNA, and RNA that is mixture of single- and double-stranded regions, hybrid molecules comprising DNA and RNA that may be single-stranded or, more typically, double-stranded or a mixture of single- and double-stranded regions. In addition, “polynucleotide” refers to triple-stranded regions comprising RNA or DNA or both RNA and DNA. The term polynucleotide also includes DNAs or RNAs containing one or more modified bases and

5 DNAs or RNAs with backbones modified for stability or for other reasons. “Modified”
bases include, for example, tritylated bases and unusual bases such as inosine. A variety of
modifications may be made to DNA and RNA; thus, “polynucleotide” embraces
chemically, enzymatically or metabolically modified forms of polynucleotides as typically
found in nature, as well as the chemical forms of DNA and RNA characteristic of viruses
10 and cells. “Polynucleotide” also embraces relatively short nucleic acid chains, often
referred to as oligonucleotides.

The meaning of “substantially the same” can differ depending on the context in
which the term is used. Because of the natural sequence variation likely to exist among
heavy and light chains and the genes encoding them, one would expect to find some level
15 of variation within the amino acid sequences or the genes encoding the antibodies or
antigen-binding fragments described herein, with little or no impact on their unique
binding properties (e.g., specificity and affinity). Such an expectation is due in part to the
degeneracy of the genetic code, as well as to the evolutionary success of conservative
amino acid sequence variations, which do not appreciably alter the nature of the encoded
20 protein. Accordingly, in the context of nucleic acid sequences, “substantially the same”
means at least 65% identity between two or more sequences. Preferably, the term refers to
at least 70% identity between two or more sequences, more preferably at least 75%
identity, more preferably at least 80% identity, more preferably at least 85% identity, more
preferably at least 90% identity, more preferably at least 91% identity, more preferably at
25 least 92% identity, more preferably at least 93% identity, more preferably at least 94%
identity, more preferably at least 95% identity, more preferably at least 96% identity, more
preferably at least 97% identity, more preferably at least 98% identity, and more preferably
at least 99% or greater identity. The percent identity between two sequences is a function
of the number of identical positions shared by the sequences (i.e., % homology = # of
30 identical positions/total # of positions x 100), taking into account the number of gaps, and
the length of each gap, which need to be introduced for optimal alignment of the two
sequences. The percent identity between two nucleotide or amino acid sequences may e.g.
be determined using the algorithm of E. Meyers and W. Miller, *Comput. Appl. Biosci* 4,
11-17 (1988) which has been incorporated into the ALIGN program (version 2.0), using a

5 PAM120 weight residue table, a gap length penalty of 12 and a gap penalty of 4. In addition, the percent identity between two amino acid sequences may be determined using the Needleman and Wunsch, J. Mol. Biol. 48, 444-453 (1970) algorithm.

The degree of variation that may occur within the amino acid sequence of a protein without having a substantial effect on protein function is much lower than that of a nucleic acid sequence, since the same degeneracy principles do not apply to amino acid sequences. Accordingly, in the context of an antibody or antigen-binding fragment, “substantially the same” means antibodies or antigen-binding fragments having 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% identity to the antibodies or antigen-binding fragments described. Other embodiments include antibodies, or antigen-binding fragments, that have framework, scaffold, or other non-binding regions that do not share significant identity with the antibodies and antigen-binding fragments described herein, but do incorporate one or more CDRs or other sequences needed to confer binding that are 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% identical to such sequences described herein.

A “clone” is a population of cells derived from a single cell or common ancestor by mitosis. A “cell line” is a clone of a primary cell that is capable of stable growth in vitro for many generations. In some examples provided herein, cells are transformed by transfecting the cells with DNA.

The terms “express” and “produce” are used synonymously herein, and refer to the biosynthesis of a gene product. These terms encompass the transcription of a gene into RNA. These terms also encompass translation of RNA into one or more polypeptides, and further encompass all naturally occurring post-transcriptional and post-translational modifications. The expression or production of an antibody or antigen-binding fragment thereof may be within the cytoplasm of the cell, or into the extracellular milieu such as the growth medium of a cell culture.

30 The terms “treating” or “treatment” refer to any success or indicia of success in the attenuation or amelioration of an injury, pathology or condition, including any objective or subjective parameter such as abatement, remission, diminishing of symptoms or making the condition more tolerable to the patient, slowing in the rate of degeneration or decline, making the final point of degeneration less debilitating, improving a subject’s physical or

5 mental well-being, or prolonging the length of survival. The treatment may be assessed by objective or subjective parameters; including the results of a physical examination, neurological examination, or psychiatric evaluations.

 An "effective amount" or "therapeutically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve a desired therapeutic
10 result. A therapeutically effective amount of a BCMA x GPRC5D x CD3 antibody may vary according to factors such as the disease state, age, sex, and weight of the individual, and the ability of the antibody to elicit a desired response in the individual. A therapeutically effective amount is also one in which any toxic or detrimental effects of the antibody or antibody portion are outweighed by the therapeutically beneficial effects.

15 "Antibody" refers to all isotypes of immunoglobulins (IgG, IgA, IgE, IgM, IgD, and IgY) including various monomeric, polymeric and chimeric forms, unless otherwise specified. Specifically encompassed by the term "antibody" are polyclonal antibodies, monoclonal antibodies (mAbs), and antibody-like polypeptides, such as chimeric antibodies and humanized antibodies.

20 The term "antigen-binding arm" refers to a portion of an antibody that includes an antigen-binding domain that binds to an antigen (e.g., BCMA, GPRC5D, or CD3), and optionally includes one or more other antibody regions (e.g., Fc domain).

 The term "antigen-binding fragment" refers to a fragment of the antigen-binding arm containing an antigen-binding domain. Antigen-binding fragments include those
25 provided by any known technique, such as enzymatic cleavage, peptide synthesis, and recombinant techniques. Some antigen-binding fragments are composed of portions of intact antibodies that retain antigen-binding specificity of the parent antibody molecule. For example, antigen-binding fragments may comprise at least one variable region (either a heavy chain or light chain variable region) or one or more CDRs of an antibody known to
30 bind a particular antigen. Examples of suitable antigen-binding fragments include, without limitation diabodies and single-chain molecules as well as Fab, F(ab')₂, Fc, Fabc, and Fv molecules, single chain (Sc) antibodies, individual antibody light chains, individual antibody heavy chains, chimeric fusions between antibody chains or CDRs and other proteins, protein scaffolds, heavy chain monomers or dimers, light chain monomers or

5 dimers, dimers consisting of one heavy and one light chain, a monovalent fragment consisting of the VL, VH, CL and CH1 domains, or a monovalent antibody as described in WO2007059782, bivalent fragments comprising two Fab fragments linked by a disulfide bridge at the hinge region, a Fd fragment consisting essentially of the VH and CH1 domains; a Fv fragment consisting essentially of the VL and VH domains of a single arm
10 of an antibody, a dAb fragment (Ward et al., Nature 341, 544-546 (1989)), which consists essentially of a VH domain and also called domain antibodies (Holt et al; Trends Biotechnol. 2003 Nov.; 21(11):484-90); camelid or nanobodies (Revets et al; Expert Opin Biol Ther. 2005 Jan.; 5(1):111-24); an isolated complementarity determining region (CDR), and the like; and trispecific antibodies formed from antibody fragments. All
15 antibody isotypes may be used to produce antigen-binding fragments. Additionally, antigen-binding fragments may include non-antibody proteinaceous frameworks that may successfully incorporate polypeptide segments in an orientation that confers affinity for a given antigen of interest, such as protein scaffolds. Antigen-binding fragments may be recombinantly produced or produced by enzymatic or chemical cleavage of intact
20 antibodies. The phrase “an antibody or antigen-binding fragment thereof” may be used to denote that a given antigen-binding fragment incorporates one or more amino acid segments of the antibody referred to in the phrase.

The term “antigen-binding domain” refers to the proteinaceous structure of an antigen-binding arm that exhibits binding affinity for a particular antigen. This
25 proteinaceous structure is mediated by the complementarity determining regions (CDRs) of the antigen-binding domain.

The terms “CDR”, and its plural “CDRs”, refer to a complementarity determining region (CDR) of which three make up the binding character of a light chain variable region (CDRL1, CDRL2 and CDRL3) and three make up the binding character of a heavy chain
30 variable region (CDRH1, CDRH2 and CDRH3). CDRs contribute to the functional activity of an antibody molecule and are separated by amino acid sequences that comprise scaffolding or framework regions. The exact definitional CDR boundaries and lengths are subject to different classification and numbering systems. CDRs may therefore be referred to herein by Kabat, Chothia, AbM, contact or any other boundary definitions. Despite

5 differing boundaries, each of these systems has some degree of overlap in what constitutes the so called “hypervariable regions” within the variable sequences. CDR definitions according to these systems may therefore differ in length and boundary areas with respect to the adjacent framework region. See for example Kabat et al., *Sequences of Proteins of Immunological Interest*, 5th ed. NIH Publication No. 91-3242 (1991); Chothia et al.,
10 “Canonical Structures For the Hypervariable Regions of Immunoglobulins,” *J. Mol. Biol.* 196:901 (1987); and MacCallum et al., “Antibody-Antigen Interactions: Contact Analysis and Binding Site Topography,” *J. Mol. Biol.* 262:732 (1996)), each of which is hereby incorporated by reference in its entirety.

Typically, CDRs form a loop structure that can be classified as a canonical
15 structure. The term “canonical structure” refers to the main chain conformation that is adopted by the antigen binding (CDR) loops. From comparative structural studies, it has been found that five of the six antigen binding loops have only a limited repertoire of available conformations. Each canonical structure can be characterized by the torsion angles of the polypeptide backbone. Correspondent loops between antibodies may,
20 therefore, have very similar three dimensional structures, despite high amino acid sequence variability in most parts of the loops (Chothia et al., “Canonical Structures For the Hypervariable Regions of Immunoglobulins,” *J. Mol. Biol.* 196:901 (1987); Chothia et al., “Conformations of Immunoglobulin Hypervariable Regions,” *I* 342:877 (1989); Martin and Thornton, “Structural Families in Loops of Homologous Proteins: Automatic
25 Classification, Modelling and Application to Antibodies,” *J. Mol. Biol.* 263:800 (1996), each of which is incorporated by reference in its entirety). Furthermore, there is a relationship between the adopted loop structure and the amino acid sequences surrounding it. The conformation of a particular canonical class is determined by the length of the loop and the amino acid residues residing at key positions within the loop, as well as within the
30 conserved framework (i.e., outside of the loop). Assignment to a particular canonical class can therefore be made based on the presence of these key amino acid residues.

The term “polypeptide” is used interchangeably with the term “protein” and in its broadest sense refers to a compound of two or more subunit amino acids, amino acid analogs or peptidomimetics. The subunits may be linked by peptide bonds. In another

5 embodiment, the subunit may be linked by other bonds, e.g., ester, ether, etc. As used herein the term "amino acid" refers to either natural and/or unnatural or synthetic amino acids, including glycine and both the D and L optical isomers, amino acid analogs and peptidomimetics. A peptide of three or more amino acids is commonly called an oligopeptide if the peptide chain is short. If the peptide chain is long, the peptide is
10 commonly called a polypeptide or a protein. As used herein the term "Fc" refers to the fragment crystallizable domain of an antibody, which comprises two constant heavy chain (CH) regions, CH2 and CH3. Herein, the amino acid residues of the Fc region are typically numbered according to the EU numbering scheme (Edelman, G.M. et al., Proc. Natl. Acad. USA, 63, 78-85 (1969). PMID: 5257969). These residues can be readily
15 assigned according to alternative numbering schemes such as IMGT and Kabat (Kabat, E.A. et al., Sequences of proteins of immunological interest. 5th Edition - US Department of Health and Human Services, NIH publication n° 91-3242, pp 662,680,689 (1991)) numbering as would be readily appreciated by one skilled in the art. For example, L234 according to EU numbering may also be represented as L247 according to Kabat.

20 "Specifically binds" or "binds specifically" or derivatives thereof when used in the context of antibodies, or antibody fragments, represents binding via domains encoded by immunoglobulin genes or fragments of immunoglobulin genes to one or more epitopes of a protein of interest, without preferentially binding other molecules in a sample containing a mixed population of molecules. Typically, an antibody binds to a cognate antigen with a
25 K_d of less than about 1×10^{-8} M, as measured by a surface plasmon resonance assay or a cell-binding assay. Phrases such as "[antigen]-specific" antibody (e.g., BCMA-specific antibody) are meant to convey that the recited antibody specifically binds the recited antigen. Wherever the term "binds" is used herein it is intended that this encompasses "specifically binds" and the terms may be interchanged as desired.

30 As used herein, the term "chimeric" refers to an antibody, or antigen-binding fragment thereof, having at least some portion of at least one variable domain derived from the antibody amino acid sequence of a non-human mammal, a rodent, or a reptile, while the remaining portions of the antibody, or antigen-binding fragment thereof, are derived from a human.

5 A “vector” is a replicon, such as plasmid, phage, cosmid, or virus in which another nucleic acid segment may be operably inserted so as to bring about the replication or expression of the segment.

 As used herein, the term “host cell” can be any type of cell, e.g., a primary cell, a cell in culture, or a cell from a cell line. In specific embodiments, the term “host cell”
10 refers to a cell transfected with a nucleic acid molecule and the progeny or potential progeny of such a cell. Progeny of such a cell may not be identical to the parent cell transfected with the nucleic acid molecule, e.g., due to mutations or environmental influences that may occur in succeeding generations or integration of the nucleic acid molecule into the host cell genome. The terms “expression” and “production” are used
15 synonymously herein, and refer to the biosynthesis of a gene product. These terms encompass the transcription of a gene into RNA. These terms also encompass translation of RNA into one or more polypeptides, and further encompass all naturally occurring post-transcriptional and post-translational modifications.

 The term “subject” refers to human and non-human animals, including all
20 vertebrates, e.g., mammals and non-mammals, such as non-human primates, mice, rabbits, sheep, dogs, cats, horses, cows, chickens, amphibians, and reptiles. In many embodiments of the described methods, the subject is a human.

 The term “redirect” or “redirecting” as used herein refers to the ability of the BCMA x GPRC5D x CD3 antibody to traffic the activity of T cells effectively, from its
25 inherent cognate specificity toward reactivity against GPRC5D and/or BCMA-expressing cells.

 The term “sample” as used herein refers to a collection of similar fluids, cells, or tissues (e.g., surgically resected tumor tissue, biopsies, including fine needle aspiration), isolated from a subject, as well as fluids, cells, or tissues present within a subject. In some
30 embodiments the sample is a biological fluid. Biological fluids are typically liquids at physiological temperatures and may include naturally occurring fluids present in, withdrawn from, expressed or otherwise extracted from a subject or biological source. Certain biological fluids derive from particular tissues, organs or localized regions and certain other biological fluids may be more globally or systemically situated in a subject or

5 biological source. Examples of biological fluids include blood, serum and serosal fluids, plasma, lymph, urine, saliva, cystic fluid, tear drops, feces, sputum, mucosal secretions of the secretory tissues and organs, vaginal secretions, ascites fluids such as those associated with non-solid tumors, fluids of the pleural, pericardial, peritoneal, abdominal and other body cavities, fluids collected by bronchial lavage and the like. Biological fluids may also
10 include liquid solutions contacted with a subject or biological source, for example, cell and organ culture medium including cell or organ conditioned medium, lavage fluids and the like. The term "sample," as used herein, encompasses materials removed from a subject or materials present in a subject. The relevant aspects of the invention may be performed *in vitro* based on isolated samples as required.

15 A "known standard" may be a solution having a known amount or concentration of GPRC5D and/or BCMA, where the solution may be a naturally occurring solution, such as a sample from a patient known to have early, moderate, late, progressive, or static cancer, or the solution may be a synthetic solution such as buffered water having a known amount of GPRC5D and/or BCMA diluted therein. The known standards, described herein may
20 include GPRC5D and/or BCMA isolated from a subject, recombinant or purified GPRC5D and/or BCMA protein, or a value of GPRC5D and/or BCMA concentration associated with a disease condition.

The terms "B-cell maturation antigen" and "BCMA" as used herein include human B cell maturation antigen, also known as BCMA, CD269, and TNFRSF17 (UniProt
25 Q02223), which is a member of the tumor necrosis receptor superfamily that is preferentially expressed in differentiated plasma cells. The extracellular domain of human BCMA consists, according to UniProt of amino acids 1 - 54 (or 5-51). The term "antibody against BCMA, anti-BCMA antibody" as used herein relates to an antibody specifically binding to BCMA.

30 The terms "G-protein coupled receptor family C group 5 member D" and "GPRC5D" specifically include the human GPRC5D protein, for example as described in GenBank Accession No. BC069341, NCBI Reference Sequence: NP_061124.1 and UniProtKB/Swiss-Prot Accession No. Q9NZD1 (see also Brauner-Osborne, H. et al. 2001, Biochim. Biophys. Acta 1518, 237-248).

5 The terms “cluster determinant 3” and “CD3” include the human CD3 protein multi-subunit complex. The CD3 protein multi-subunit complex is composed to 6 distinctive polypeptide chains. These include a CD3 γ chain (SwissProt P09693), a CD3 δ chain (SwissProt P04234), two CD3 ϵ chains (SwissProt P07766), and one CD3 ζ chain homodimer (SwissProt 20963), and which is associated with the T cell receptor α and β 10 chain. The term “CD3” includes any CD3 variant, isoform and species homolog which is naturally expressed by cells (including T cells) or can be expressed on cells transfected with genes or cDNA encoding those polypeptides, unless noted.

A “BCMA x GPRC5D x CD3 antibody” is a multispecific antibody, optionally a trispecific antibody, which comprises three different antigen-binding arms, one of which 15 binds to the antigen BCMA, one of which binds to the antigen GPRC5D, and one of which binds to CD3. A “BCMA x CD3 antibody” is a multispecific antibody, optionally a bispecific antibody, which comprises two different antigen-binding arms, one of which binds to the antigen BCMA and one of which binds to CD3. A “GPRC5D x CD3 antibody” is a multispecific antibody, optionally a bispecific antibody, which comprises two different 20 antigen-binding arms, one of which binds to the antigen GPRC5D and one of which binds to CD3. The term “multispecific antibody” is used herein in the broadest sense and specifically covers an antibody that has polyepitopic specificity. Multispecific antibodies include, but are not limited to, an antibody comprising a heavy chain variable domain (V_H) and a light chain variable domain (V_L), where the V_HV_L unit has polyepitopic specificity, 25 antibodies having two or more V_L and V_H domains where each V_HV_L unit binds to a different epitope, antibodies having two or more single variable domains with each single variable domain binding to a different epitope, full length antibodies, and antibodies comprising one or more antibody fragments as well as antibodies comprising antibody fragments that have been linked covalently or non-covalently.

30 A multispecific antibody can be a bispecific antibody, a trispecific antibody, diabody, or similar molecule (see for instance *PNAS USA* 90(14), 6444-8 (1993) for a description of diabodies). The bispecific antibodies, trispecific antibodies, diabodies, and the like, provided herein may bind any suitable target in addition to a portion of BCMA or GPRC5D. The term “bispecific antibody” is to be understood as an antibody having two

5 different antigen-binding arms defined by different antibody sequences. The term “trispecific antibody” is to be understood as an antibody having three different antigen-binding arms defined by different antibody sequences. This can be understood as different target binding but includes as well binding to different epitopes in one target.

A “reference sample” is a sample that may be compared against another sample,
10 such as a test sample, to allow for characterization of the compared sample. The reference sample will have some characterized property that serves as the basis for comparison with the test sample. For instance, a reference sample may be used as a benchmark for GPRC5D or BCMA levels that are indicative of a subject having cancer. The reference sample does not necessarily have to be analyzed in parallel with the test sample, thus in
15 some instances the reference sample may be a numerical value or range previously determined to characterize a given condition, such as GPRC5D or BCMA levels that are indicative of cancer in a subject. The term also includes samples used for comparative purposes that are known to be associated with a physiologic state or disease condition, such as GPRC5D- or BCMA-expressing cancer, but that have an unknown amount of
20 GPRC5D or BCMA.

“Relapsed” refers to the return of a disease or the signs and symptoms of a disease after a period of improvement after prior treatment with a therapeutic.

“Refractory” refers to a disease that does not respond to a treatment. A refractory disease can be resistant to a treatment before or at the beginning of the treatment, or a
25 refractory disease can become resistant during a treatment.

The term “progression,” as used in the context of progression of GPRC5D and/or BCMA -expressing cancer, includes the change of a cancer from a less severe to a more severe state. This may include an increase in the number or severity of tumors, the degree of metastasis, the speed with which the cancer is growing or spreading, and the like. For
30 example, “the progression of colon cancer” includes the progression of such a cancer from a less severe to a more severe state, such as the progression from stage I to stage II, from stage II to stage III, etc.

The term “regression,” as used in the context of regression of GPRC5D and/or BCMA -expressing cancer, includes the change of a cancer from a more severe to a less

5 severe state. This could include a decrease in the number or severity of tumors, the degree of metastasis, the speed with which the cancer is growing or spreading, and the like. For example, “the regression of colon cancer” includes the regression of such a cancer from a more severe to a less severe state, such as the progression from stage III to stage II, from stage II to stage I, etc.

10 The term “stable” as used in the context of stable GPRC5D and/or BCMA-expressing cancer, is intended to describe a disease condition that is not, or has not, changed significantly enough over a clinically relevant period of time to be considered a progressing cancer or a regressing cancer.

The embodiments described herein are not limited to particular methods, reagents,
15 compounds, compositions or biological systems, which can, of course, vary.

Multispecific Antibodies

Multispecific antibodies that bind to BCMA, GPRC5D, and CD3, and trispecific binding fragments thereof are provided herein. Such antibodies or antibody fragments may
20 allow for more specific targeting to particular subsets of cells as compared to antibodies targeting only one or two of these targets.

This can be achieved by, for example, making a molecule which comprises a first antigen-binding arm binding to CD3, a second antigen-binding arm binding to GPRC5D and a third antigen-binding arm binding to the BCMA. The antigen-binding arms can take
25 any form that allows specific recognition of the target, for example the binding arm may be or may include a heavy chain variable domain, an Fv (combination of a heavy chain variable domain and a light chain variable domain), an single-chain Fv (scFv), an Fab, a binding domain based on a fibronectin type III domain (such as from fibronectin, or based on a consensus of the type III domains from fibronectin, or from tenascin or based on a
30 consensus of the type III domains from tenascin, such as the Centyrin molecules from Janssen Biotech, Inc., see *e.g.* WO2010/051274 and WO2010/093627). In certain embodiments, the trispecific antibody comprises three antigen-binding arms. In some embodiments, the trispecific antibody is comprised of an antibody (*e.g.* in IgG format) to which an additional antigen-binding arm, *e.g.* in the form of a single chain variable

5 fragment, is fused, e.g. to the N or C-terminus of one of the heavy or one of the light chains of the antibody.

Accordingly, trispecific molecules comprising three different antigen-binding arms which bind BCMA, GPRC5D, and CD3, respectively, are provided.

10 In some embodiments, the BCMA x GPRC5D x CD3-multispecific antibody comprises

- (a) a first antigen-binding arm comprising a first heavy chain variable domain (VH1) and a first light chain variable domain (VL1);
- (b) a second antigen-binding arm comprising a second heavy chain variable domain (VH2) and a second light chain variable domain (VL2); and
- 15 (c) a third antigen-binding arm comprising a third heavy chain variable domain (VH3) and a third light chain variable domain (VL3).

In some embodiments, the first antigen-binding arm binds to an epitope on CD3, the second antigen-binding arm binds to an epitope on GPRC5D, and the third antigen-binding arm binds to an epitope on BCMA.

20 In some embodiments, the first antigen-binding arm that binds CD3 comprises a HCDR 1, a HCDR2 and a HCDR3 of the VH1 of SEQ ID NO: 8. In some embodiments, the first antigen-binding arm that binds CD3 comprises a LCDR1, a LCDR2 and a LCDR3 of the VL1 of SEQ ID NO: 7. In some embodiments, the first antigen-binding arm that binds CD3 comprises a HCDR1 comprising the amino acid sequence of

25 GDSVFNNNAAWS (SEQ ID NO: 4), a HCDR2 comprising the amino acid sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a HCDR3 comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6). In some embodiments, the first antigen-binding arm that binds CD3 comprises a LCDR1 comprising the amino acid sequence of

30 TGTSSNIGTYKFVS (SEQ ID NO: 1), a LCDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a LCDR3 comprising the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3). In some embodiments, the first antigen-binding arm that binds CD3 comprises the VH1 of SEQ ID NO: 8. In some embodiments, the first antigen-binding arm that binds CD3 comprises the VL1 of SEQ ID NO: 7.

5 In some embodiments, the second antigen-binding arm that binds GPRC5D comprises a HCDR1, a HCDR2 and a HCDR3 of the VH2 of SEQ ID NO: 16. In some embodiments, the second antigen-binding arm that binds GPRC5D comprises a LCDR1, a LCDR2 and a LCDR3 of the VL2 of SEQ ID NO: 15. In some embodiments, the second antigen-binding arm that binds GPRC5D comprises a HCDR1 comprising the amino acid
10 sequence of GFSLTNIRMSVS (SEQ ID NO: 12), HCDR2 comprising the amino acid sequence of HIFSNDEKS (SEQ ID NO: 13), and a HCDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14). In some embodiments, the second antigen-binding arm that binds GPRC5D comprises a LCDR1 comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a LCDR2 comprising the amino acid
15 sequence of KISNRFF (SEQ ID NO: 10), and a LCDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO: 11). In some embodiments, the second antigen-binding arm that binds GPRC5D comprises the VH1 of SEQ ID NO: 16. In some embodiments, the second antigen-binding arm that binds GPRC5D comprises the VL1 of SEQ ID NO: 15.

20 In some embodiments, the third antigen-binding arm that binds BCMA comprises a HCDR1, a HCDR2 and a HCDR3 of the VH3 of SEQ ID NO: 24. In some embodiments, the third antigen-binding arm that binds BCMA comprises a LCDR1, a LCDR2 and a LCDR3 of the VL3 of SEQ ID NO: 23. In some embodiments, the third antigen-binding arm that binds BCMA comprises a HCDR1 comprising the amino acid sequence of
25 GFTFSSYAMS (SEQ ID NO: 20), a HCDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a HCDR3 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22); and a LCDR1 comprising the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17). In some embodiments, the third antigen-binding arm that binds BCMA comprises a LCDR2 comprising the amino acid sequence of
30 GASSRAT (SEQ ID NO: 18), and a LCDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19). In some embodiments, the third antigen-binding arm that binds BCMA comprises the VH1 of SEQ ID NO: 24. In some embodiments, the third antigen-binding arm that binds BCMA comprises the VL1 of SEQ ID NO: 23.

5 In some embodiments, the VH1 and VL1 of the antigen-binding arm that binds to CD3 epitope are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody).

 In some embodiments, the VH2 and VL2 of the antigen-binding arm that binds to GPRC5D epitope are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a
10 disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody).

 In some embodiments, the VH3 and VL3 of the antigen-binding arm that binds to BCMA epitope are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody).

 In some embodiments, the first antigen-binding arm of the BCMA x GPRC5D x
15 CD3 multispecific antibody comprises a first heavy chain portion (HC1) comprising the VH1 and a light chain portion (LC) comprising the VL1, wherein the VH1 and VL1 pair to form a first antigen-binding domain that binds a first antigen. In some embodiments, the HC1 comprises, from N to C-terminus, the VH1, a first heavy chain constant domain (CH1), and a first Fc domain. In some embodiments, the VH1 and CH1 of the HC1
20 together with the LC form a fragment antigen binding (Fab) domain.

 In some embodiments, the VH1 of the first antigen-binding arm is coupled to the VH3 of the third antigen-binding arm via the first Fc domain. In some embodiments, the first Fc domain of the first antigen-binding arm is coupled, via a first linker (L1), to the third antigen-binding arm, thereby forming a coupled first and third antigen-binding arm.
25 The coupled first and third antigen-binding arms may comprise, from N to C-terminus, the VH1, the CH1 domain, and the Fc domain of the first antigen-binding arm, the first linker, and the third antigen-binding arm. In some embodiments, the third antigen-binding arm is a single-chain variable fragment (scFv) formed from the VH3 and VL3 of the third-antigen-binding arm.

30 In some embodiments, the second antigen-binding arm of the BCMA x GPRC5D x CD3 multispecific antibody comprises a second heavy chain portion (HC2) comprising the second heavy chain variable domain (VH2) which forms a second antigen-binding domain that binds a second antigen. In some embodiments, the second binding arm comprises

5 from N to C-terminus, a single-chain variable fragment (scFv) formed from the VH2 and VL2, and a second Fc domain.

In some embodiments, the VH2 of the second antigen-binding arm is coupled to the VH3 of the third antigen-binding arm via the second Fc domain. In some embodiments, the second Fc domain of the second antigen-binding arm is coupled, via a linker, to the
10 third antigen-binding arm, thereby forming a coupled second and third antigen-binding arm. The coupled second and third antigen-binding arms may comprise, from N to C-terminus, the second antigen-binding domain, the second Fc domain, the first linker, and the third antigen-binding arm. In some embodiments, the third antigen-binding arm is a single-chain variable fragment (scFv) formed from the VH3 and VL3 of the third-antigen-
15 binding arm.

In preferred embodiments, the BCMA x GPRC5D x CD3-multispecific antibody is a trispecific antibody comprising a CD3-specific arm comprising a first heavy chain portion (HC1) comprising the VH1 and a light chain portion (LC) comprising the VL1. The VH1 and VL1 domains pair to form a first antigen-binding domain that binds CD3.
20 The second antigen-binding arm of the trispecific antibody comprises a second heavy chain portion (HC2) with the VH2 which forms the second antigen-binding domain that binds the second antigen. The HC1 of the CD3-specific binding arm or the HC2 of the second antigen-binding arm is coupled to the third antigen-binding arm comprising the VH3 domain, which forms the third antigen-binding domain that binds the third antigen. In
25 some embodiments, the second antigen is BCMA, and the third antigen is GPRC5D. In some embodiments, the second antigen is GPRC5D, and the third antigen is BCMA.

In one embodiment, the BCMA x GPRC5D x CD3-multispecific antibody is a trispecific antibody comprising a CD3-specific binding arm comprising the HC1 with the VH1 and the LC with the VL1. The VH1 and VL1 pair to form the first CD3-specific
30 antigen-binding domain that binds CD3. The second antigen-binding arm comprises the VH2 and VL2 that form the second antigen-binding domain that binds GPRC5D. The third antigen-binding arm is coupled to the second antigen-binding arm and comprises the VH3 and VL3 that form the third antigen-binding domain that binds BCMA.

5 In one embodiment, the BCMA x GPRC5D x CD3-multispecific antibody is a trispecific antibody comprising a CD3-specific binding arm comprising the HC1 with the VH1 and the LC with the VL1. The VH1 and VL1 pair to form the first CD3-specific antigen-binding domain that binds CD3. The second antigen-binding arm comprises the VH2 and VL2 that form the second antigen-binding domain that binds BCMA. The third antigen-binding arm is coupled to the second antigen-binding arm and comprises the VH3 and VL3 that form the third antigen-binding domain that binds GPRC5D.

10 In one embodiment, the BCMA x GPRC5D x CD3-multispecific antibody is a trispecific antibody comprising a CD3-specific binding arm comprising the HC1 with the VH1 and the LC with the VL1. The VH1 and VL1 pair to form the first CD3-specific antigen-binding domain that binds CD3. The second antigen-binding arm comprises the VH2 and VL2 that form the second antigen-binding domain that binds GPRC5D. The third antigen-binding arm is coupled to the first CD3-specific antigen-binding arm and comprises the VH3 and VL3 that form the third antigen-binding domain that binds BCMA.

15 In one embodiment, the BCMA x GPRC5D x CD3-multispecific antibody is a trispecific antibody comprising a CD3-specific binding arm comprising the HC1 with the VH1 and the LC with the VL1. The VH1 and VL1 pair to form the first CD3-specific antigen-binding domain that binds CD3. The second antigen-binding arm comprises the VH2 and VL2 that form the second antigen-binding domain that binds BCMA. The third antigen-binding arm is coupled to the first CD3-specific antigen-binding arm and comprises the VH3 and VL3 that form the third antigen-binding domain that binds GPRC5D.

20 In some embodiments, the HC1 with the VH1 and LC with the VL1 domains of the first antigen-binding arm form an antigen-binding fragment (Fab) comprising the first antigen-binding domain. In some embodiments, the VH2 and VL2 of the second antigen-binding arm form a single-chain variable fragment (scFv) comprising the second antigen-binding domain. In some embodiments, the VH3 and VL3 of the third antigen-binding arm form a single-chain variable fragment (scFv) comprising the third antigen-binding domain.

5 In one embodiment, the CD3-binding arm comprises an antigen-binding fragment (Fab), the BCMA-binding arm comprises a single-chain variable fragment (scFv), and the GPRC5D-binding arm comprises a single-chain variable fragment (scFv).

 In one embodiment, the CD3-binding arm comprises a single-chain variable fragment (scFv), the BCMA-binding arm comprises an antigen-binding fragment (Fab),
10 and the GPRC5D-binding arm comprises a single-chain variable fragment (scFv).

 In one embodiment, the CD3-binding arm comprises a single-chain variable fragment (scFv), the BCMA-binding arm comprises a single-chain variable fragment (scFv), and the GPRC5D-binding arm comprises an antigen-binding fragment (Fab).

 In some embodiments, the CD3-binding arm of the trispecific antibody comprises
15 the HC1 and the LC. The HC1 may comprise constant heavy chain regions (CH1, CH2, and CH3) and the VH1. The LC may comprise the VL1. The VH1 and VL1 combine to form the CD3 antigen binding domain.

 In some embodiments, GPRC5D-binding arm of the trispecific antibody comprises the HC2. The HC2 may comprise constant heavy chain regions (CH2 and CH3), and a single-
20 chain variable fragment (scFv) attached at the N-terminus of the CH2 region, wherein the scFv comprises the GPRC5D antigen binding domain.

 In some embodiments, the trispecific antibody further comprises BCMA antigen-binding arm attached to the C-terminus of the CH3 region of the GPRC5D-binding arm to form a GPRC5D/BCMA binding arm. In some embodiments, the BCMA antigen-binding
25 arm comprises a second single-chain variable fragment (scFv). In some embodiments, the GPRC5D/BCMA arm may have the structure: scFv containing the GPRC5D binding domain, CH2 and CH3 regions, scFv containing the BCMA binding domain.

 In some embodiments, the CD3-binding arm of the trispecific antibody comprises the HC1 and the LC. The HC1 may comprise constant heavy chain regions (CH1, CH2,
30 and CH3) and the VH1. The LC may comprise the VL1. The VH1 and VL1 combine to form the CD3 antigen binding domain.

 In some embodiments, BCMA-binding arm of the trispecific antibody comprises the HC2. The HC2 may comprise constant heavy chain regions (CH2 and CH3), and a single-

5 chain variable fragment (scFv) attached at the N-terminus of the CH2 region, wherein the scFv comprises the BCMA antigen binding domain.

In some embodiments, the trispecific antibody further comprises GPRC5D antigen-binding arm attached to the C-terminus of the CH3 region of the CD3-binding arm to form a CD3/GPRC5D binding arm. In some embodiments, the BCMA antigen-binding arm
10 comprises a second single-chain variable fragment (scFv). In some embodiments, the CD3/GPRC5D arm may have the structure: Fab containing the CD3 binding domain, CH2 and CH3 regions, scFv containing the GPRC5D binding domain.

In some embodiments, the multispecific antibodies of the invention include antibodies having a full length antibody structure. "Full length antibody" as used herein
15 refers to an antibody having two full length antibody heavy chains and two full length antibody light chains. A full length antibody heavy chain (HC) includes heavy chain variable and constant domains VH, CH1, CH2, and CH3. A full length antibody light chain (LC) includes light chain variable and constant domains VL and CL. The full length antibody may be lacking the C-terminal lysine (K) in either one or both heavy chains. The
20 term "Fab-arm" or "half molecule" refers to one heavy chain-light chain pair that binds an antigen. In some embodiments, one of the antigen-binding domains is a non-antibody based binding domain, *e.g.* a binding domain of based on a fibronectin type 3 domain, *e.g.* Centyrin.

BCMA-binding arm

25 The BCMA x GPRC5D x CD3-multispecific antibody described herein comprises an antigen-binding arm specific for BCMA. In some embodiments, the BCMA-binding arm binds human BCMA. In some embodiments, the BCMA-binding arm binds human BCMA and cynomolgus monkey BCMA. In some embodiments, the BCMA-binding arm binds human BCMA but not to cynomolgus monkey BCMA. In some embodiments, the
30 BCMA-binding arm binds to an epitope including one or more residues from the BCMA extracellular domain (ECD). In some embodiments, the BCMA-binding arm binds to residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.

The BCMA-binding arms may bind to BCMA with an affinity of $5 \times 10^{-7} \text{M}$ or less, such as $1 \times 10^{-7} \text{M}$ or less, $5 \times 10^{-8} \text{M}$ or less, $1 \times 10^{-8} \text{M}$ or less, $5 \times 10^{-9} \text{M}$ or less, $1 \times 10^{-9} \text{M}$, or

- 5 5×10^{-10} M or less. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 1×10^{-10} M to 1×10^{-7} M. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 1×10^{-10} M, about 2×10^{-10} M, about 3×10^{-10} M, about 4×10^{-10} M, about 5×10^{-10} M, about 6×10^{-10} M, about 7×10^{-10} M, about 8×10^{-10} M, about 9×10^{-10} M, about 1×10^{-9} M, about 2×10^{-9} M, about 3×10^{-9} M, about 4×10^{-9} M, about 5×10^{-9} M, about 6×10^{-9} M, about 7×10^{-9} M, about 8×10^{-9} M, or about 9×10^{-9} M. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 1×10^{-10} to 5×10^{-10} M, about 1×10^{-10} to 8×10^{-10} M, about 2×10^{-10} to 9×10^{-10} M, about 3×10^{-10} to 10×10^{-10} M, about 4×10^{-10} to 10×10^{-10} M, or about 5×10^{-10} to 10×10^{-10} M. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 8.4 $\times 10^{-10}$ M as determined by a surface plasmon resonance (SPR) assay. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 2.1×10^{-10} M as determined by a surface plasmon resonance (SPR) assay.

Table 1 provides a summary of examples of some BCMA-specific antibodies described herein:

20 **Table 1. CDR sequences of exemplary mAbs generated against human BCMA**

ID	HC-CDR1	HC-CDR2	HC-CDR3	LC-CDR1	LC-CDR2	LC-CDR3
BCMB519	GFTFSSYAMS (SEQ ID NO 20)	AISGSGGSTY (SEQ ID NO 21)	DEGYSSGHYYG MDV (SEQ ID NO 22)	RASQSISSSFLT (SEQ ID NO 17)	GASSRAT (SEQ ID NO 18)	QHYGSSPMY T (SEQ ID NO 19)
BCMB69	SGSYFWG (SEQ ID NO 32)	SIYYSGITYYNPSLKS (SEQ ID NO 33)	HDGAVAGLFDY (SEQ ID NO 34)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB117	SGSYFWG (SEQ ID NO 32)	SIYYSGITYYNPSLKS (SEQ ID NO 33)	HDGAVAGLFDY (SEQ ID NO 34)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB123	SSSYFWG (SEQ ID NO 38)	SIYYSGITYYNPSLKS (SEQ ID NO 33)	HDGAVAGLFDY (SEQ ID NO 34)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB128	SGSYFWG (SEQ ID NO 32)	SIYYSGITYYNPSLKS (SEQ ID NO 33)	HDGATAGLFDY (SEQ ID NO 37)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB129	SGSYFWG (SEQ ID NO 32)	SIYYSGITYYNPSLKS (SEQ ID NO 36)	HDGAVAGLFDY (SEQ ID NO 34)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB176	SSSYFWG (SEQ ID NO 38)	SIYYSGITYYNPSLKS (SEQ ID NO 33)	HDGATAGLFDY (SEQ ID NO 37)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)
BCMB177	SSSYFWG (SEQ ID NO 38)	SIYYSGRTYYNPSLKS (SEQ ID NO 164)	HDGATAGLFDY (SEQ ID NO 37)	GGNNIGSKSVH (SEQ ID NO 39)	DDSDRPS (SEQ ID NO 40)	QVWDSSSDH VV (SEQ ID NO 41)

5 Characteristics of some BCMA-specific antibodies or antigen-binding fragments may be found in e.g., United States Patent No. 10,072,088, the content of which is herein incorporated by reference in its entirety.

In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies
10 described in Table 1. In some embodiments, the BCMA-binding arm comprises a light chain variable region comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1 and a light chain variable region comprising a
15 light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1. In some embodiments, the BCMA-binding arm competes for binding to BCMA with an antibody or antigen-binding comprising a heavy chain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1 and a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described
20 in Table 1.

In some embodiments, the BCMA-binding arm comprises a heavy chain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1. In some embodiments, the BCMA-binding arm comprises a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described
25 in Table 1. In some embodiments, the BCMA-binding arm comprises a heavy chain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1 and a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 1.

In some embodiments, the BCMA-binding arm comprises heavy chain CDR1,
30 CDR2, and CDR3 of clone BCMB519, BCMB69, BCMB117, BCMB123, BCMB128, BCMB129, BCMB176, or BCMB177. In some embodiments, the BCMA-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone BCMB519, BCMB69, BCMB117, BCMB123, BCMB128, BCMB129, BCMB176, or BCMB177. In one embodiment, the BCMA-binding arm comprises heavy

5 chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone BCMB519.

In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain derived from an antibody clone as described in Table 1. In some exemplary
embodiments, the BCMA-binding arm comprises heavy chain variable domain and light
10 chain variable domain derived from an antibody clone as described in Table 1. In some
exemplary embodiments, the BCMA-binding arm comprises heavy chain variable domain
and light chain variable domain of clone BCMB519, BCMB69, BCMB117, BCMB123,
BCMB128, BCMB129, BCMB176, or BCMB177. In one embodiment, the BCMA-
binding arm comprises heavy chain variable domain and light chain variable domain of
15 clone BCMB519.

In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1
comprising SEQ ID NO: 20, a heavy chain CDR2 comprising SEQ ID NO: 21, and a
heavy chain CDR3 comprising SEQ ID NO: 22. In some embodiments, the BCMA-
binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 20, a heavy chain
20 CDR2 comprising SEQ ID NO: 21, a heavy chain CDR3 comprising SEQ ID NO: 22, a
light chain CDR1 comprising SEQ ID NO: 17, a light chain CDR2 comprising SEQ ID
NO: 18, and a light chain CDR3 comprising SEQ ID NO: 19. The BCMA-binding arm
may comprise human framework sequences. In some embodiments, the BCMA-binding
arm comprises a heavy chain variable domain substantially the same as, or identical to,
25 SEQ ID NO: 24. In some embodiments, the BCMA-binding arm comprises a heavy chain
variable domain substantially the same as, or identical to, SEQ ID NO: 24 and a light chain
variable domain substantially the same as, or identical to, SEQ ID NO: 23.

In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1
comprising SEQ ID NO: 32, a heavy chain CDR2 comprising SEQ ID NO: 33, and a
30 heavy chain CDR3 comprising SEQ ID NO: 34. In some embodiments, the BCMA-
binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 32, a heavy chain
CDR2 comprising SEQ ID NO: 33, a heavy chain CDR3 comprising SEQ ID NO: 34, a
light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID
NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm

5 may comprise human framework sequences. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 42. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 42 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 48.

10 In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 33, and a heavy chain CDR3 comprising SEQ ID NO: 34. In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 33, a heavy chain CDR3 comprising SEQ ID NO: 34, a
15 light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm may comprise human framework sequences. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 43. In some embodiments, the BCMA-binding arm comprises a heavy chain
20 variable domain substantially the same as, or identical to, SEQ ID NO: 43 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 48.

In some embodiments, the BCMA-binding arm comprises comprise a heavy chain CDR1 comprising SEQ ID NO: 32, a heavy chain CDR2 comprising SEQ ID NO: 33, and a heavy chain CDR3 comprising SEQ ID NO: 37. In some embodiments, the BCMA-
25 binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 32, a heavy chain CDR2 comprising SEQ ID NO: 33, a heavy chain CDR3 comprising SEQ ID NO: 37, a light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm may comprise human framework sequences. In some embodiments, the BCMA-binding
30 arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 44. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 44 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 48.

5 In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 32, a heavy chain CDR2 comprising SEQ ID NO: 36, and a heavy chain CDR3 comprising SEQ ID NO: 34. In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 32, a heavy chain CDR2 comprising SEQ ID NO: 36, a heavy chain CDR3 comprising SEQ ID NO: 34, a
10 light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm comprise human framework sequences. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID
15 NO: 45. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 45 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 48.

 In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 33, and a heavy chain CDR3 comprising SEQ ID NO: 37. In some embodiments, the BCMA-
20 binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 33, a heavy chain CDR3 comprising SEQ ID NO: 37, a light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm may comprise human framework sequences. In some embodiments, the BCMA-binding
25 arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 46. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 46 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 48.

 In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1
30 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 164, and a heavy chain CDR3 comprising SEQ ID NO: 37. In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 38, a heavy chain CDR2 comprising SEQ ID NO: 164, a heavy chain CDR3 comprising SEQ ID NO: 37, a light chain CDR1 comprising SEQ ID NO: 39, a light chain CDR2 comprising SEQ ID

5 NO: 40, and a light chain CDR3 comprising SEQ ID NO: 41. The BCMA-binding arm may comprise human framework sequences. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 47. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 47 and a light chain
10 variable domain substantially the same as, or identical to, SEQ ID NO: 48.

The BCMA-binding arm may be derived from any species by recombinant means. For example, the BCMA antigen-binding arm may be derived from mouse, rat, goat, horse, swine, bovine, chicken, rabbit, camelid, donkey, human, or chimeric versions thereof. For use in administration to humans, non-human derived antigen-binding fragments may be
15 genetically or structurally altered to be less antigenic upon administration to a human patient. In some embodiments, the BCMA-binding arm comprises antigen-binding fragments which is chimeric.

In some embodiments, the BCMA-binding arm comprises humanized antigen-binding fragments. Humanized antigen-binding fragments may be derived from chimeric
20 immunoglobulins, immunoglobulin chains or fragments thereof (such as Fv, Fab, Fab', F(ab')₂ or other antigen-binding subsequences of antibodies) that contain minimal sequence derived from non-human immunoglobulin. For the most part, humanized antibodies or antigen-binding fragments are human immunoglobulins (recipient antibody) or antigen-binding fragments in which residues from a complementary-determining region
25 (CDR) of the recipient are replaced by residues from a CDR of a non-human species (donor antibody) such as mouse, rat or rabbit having the desired specificity, affinity, and capacity. In general, the humanized antibody antigen-binding fragments will comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the CDR regions correspond to those of a non-human immunoglobulin
30 and all or substantially all of the framework regions are those of a human immunoglobulin sequence. The humanized antibody antigen-binding fragments may include at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin.

5 GPRC5D-binding arm

The BCMA x GPRC5D x CD3-multispecific antibody described herein comprises an antigen-binding arm specific for GPRC5D. In some embodiments, the GPRC5D-binding arm binds human GPRC5D. In some embodiments, GPRC5D-binding arm binds human GPRC5D and cynomolgus monkey GPRC5D, preferably the extracellular domain thereof. In some embodiments, GPRC5D-binding arm binds human GPRC5D but not to cynomolgus monkey GPRC5D. In some embodiments, the GPRC5D-binding arm binds to one or more residues of a polypeptide having the amino acid sequence of SEQ ID NO: 116.

Table 2 provides a summary of examples of some GPRC5D-specific antibodies described herein:

Table 2. CDR sequences of exemplary mAbs generated against human GPRC5D

ID	HC-CDR1	HC-CDR2	HC-CDR3	LC-CDR1	LC-CDR2	LC-CDR3
GC5B680	GFSLTNIRMSV S (SEQ ID NO:12)	HIFSNDEKS (SEQ ID NO:13)	MRLPYGMDV (SEQ ID NO:14)	RSSQLVHSDG NTYLS (SEQ ID NO:9)	KISNRFF (SEQ ID NO:10)	MQATQFPHT (SEQ ID NO:11)
GC5B81	SYAIS (SEQ ID NO 49)	GIPIFGTANYA QKFQG (SEQ ID NO 53)	ESRWRGYKLD (SEQ ID NO 57)	RASQSISSYLN (SEQ ID NO 61)	AASSLQS (SEQ ID NO 64)	QQSYSTPLT (SEQ ID NO 67)
GC5B465 GC5B597 GC5B598	NYWMS (SEQ ID NO 50)	GISYSGGSKYY ASSVKG (SEQ ID NO 54)	AAFDGRRRAV RLD (SEQ ID NO 58)	RASQSISSYLN (SEQ ID NO 61)	AASSLQS (SEQ ID NO 64)	QQSYSTPLT (SEQ ID NO 67)
GC5B483 GC5B599	SYFIG (SEQ ID NO 51)	IIPGKSDTRY PSFQG (SEQ ID NO 55)	VYSFGGRHKA LFDY (SEQ ID NO 59)	RASQSVSSYLA (SEQ ID NO 62)	DASNRAT (SEQ ID NO 65)	QQRSNWPLT (SEQ ID NO 68)
GC5B596	GYTMN (SEQ ID NO 52)	LINPYNSDTNY AQKLQG (SEQ ID NO 56)	VALRVALDY (SEQ ID NO 60)	KASQNVATHV G (SEQ ID NO 63)	SASYRYS (SEQ ID NO 66)	QQYNRYPYT (SEQ ID NO 69)
GC5B382	DYGMH (SEQ ID NO 70)	AIKYSGGSTYY ADSVKG (SEQ ID NO 77)	RAESGPGLDY (SEQ ID NO 84)	KSSQSVLYSSN NKNYLA (SEQ ID NO 91)	WASTRES (SEQ ID NO 93)	QQYYSTPLT (SEQ ID NO 95)
GC5B379	NYWMS (SEQ ID NO 50)	GISYSGGSKYY ADSVKG (SEQ ID NO 78)	AAWDFGRRRAV RLDY (SEQ ID NO 85)	RASQSISSYLN (SEQ ID NO 61)	AASSLQS (SEQ ID NO 64)	QQSYSTPLT (SEQ ID NO 67)
GC5B373	SYWIG (SEQ ID NO 71)	IIPGDSDTTRY PSFQG (SEQ ID NO 79)	IGFYGRSFRIFD Y (SEQ ID NO 86)	RASQSVSSYLA (SEQ ID NO 62)	DASNRAT (SEQ ID NO 65)	QQRSNWPLT (SEQ ID NO 68)
GC5B376	SYWIG			RASQSVSSYLA	DASNRAT	

	(SEQ ID NO 71)	IYPGDSSTRYS PSFQG (SEQ ID NO 79)	VYSFGGRHKA LFDY (SEQ ID NO 59)	(SEQ ID NO 62)	(SEQ ID NO 65)	QQRSNWPLT (SEQ ID NO 68)
GC5B385	GYAMS (SEQ ID NO 72)	AISGSGGSTYY ADSVKG (SEQ ID NO 80)	VDRSFGRSRYT LDY (SEQ ID NO 87)	RASQSVSSYLA (SEQ ID NO 62)	DASNRAT (SEQ ID NO 65)	QQRSNWPLT (SEQ ID NO 68)
GC5B370	SYGIS (SEQ ID NO 73)	GIPIFGNINYA QKFQG (SEQ ID NO 81)	VSRRFKRFAYY FDY (SEQ ID NO 88)	KSSQSVLYSSN NKNYLA (SEQ ID NO 91)	WASTRES (SEQ ID NO 93)	QQYYSTPLT (SEQ ID NO 95)
GC5B602	GYSFTGYTMN (SEQ ID NO 74)	LINPYNGDTN (SEQ ID NO 82)	VALRVALDY (SEQ ID NO 60)	KASQNVATHV G (SEQ ID NO 63)	SASYRYS (SEQ ID NO 66)	QQYNRYPYT (SEQ ID NO 69)
GC5B603	SYAMS (SEQ ID NO 75)	AISGSGGSTYY ADSVKG (SEQ ID NO 80)	SNFLPVVDY (SEQ ID NO 89)	RASQSVRKSLA (SEQ ID NO 92)	TASNRAT (SEQ ID NO 94)	QQYFRAPIT (SEQ ID NO 96)
GC5B601	GFSLTSYNVH (SEQ ID NO 76)	VIWAGGSTNY NSALMS (SEQ ID NO 83)	DGIRLRFAY (SEQ ID NO 90)	KASQNVATHV G (SEQ ID NO 63)	SASYRYS (SEQ ID NO 66)	QQYNRYPYT (SEQ ID NO 69)

5

Characteristics of some GPRC5D-specific antibodies or antigen-binding fragments may be found in e.g., United States Patent No. 10,562,968, United States Published Application US2020/0231686, the content of each of which is herein incorporated by reference in its entirety.

- 10 In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2. In some embodiments, the GPRC5D-binding arm comprises a light chain variable domain comprising a light chain CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 2. In some embodiments, the GPRC5D-binding arm
- 15 comprises a heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2 and a light chain variable domain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2. In some embodiments, the GPRC5D-binding arm competes for binding to GPRC5D with an antibody or antigen-binding comprising a heavy chain comprising a
- 20 heavy chain CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 2 and a light chain comprising a light chain CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 2.

5 In some embodiments, the GPRC5D-binding arm comprises a heavy chain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2. In some embodiments, the GPRC5D-binding arm comprises a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2. In some embodiments, the GPRC5D-binding arm comprises a heavy chain
10 comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2 and a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 2.

 In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1, CDR2, and CDR3 derived from an antibody clone as described in Table 2. In some
15 embodiments, the GPRC5D-binding arm comprises a light chain CDR1, CDR2, and CDR3 derived from an antibody clone as described in Table 2. In some embodiments, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 derived from an antibody clone as described in Table 2. In some
20 embodiments, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 of clone GC5B680, GC5B81, GC5B465, GS5B483, GC5B596, GC5B382, GC5B379, GC5B373, GC5B376, GC5B385, GC5B370, GC5B602, GC5B603, GC5B599, GC5B601, GC5B598, or GC5B597. In some embodiments, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone GC5B680, GC5B81, GC5B465, GS5B483, GC5B596, GC5B382, GC5B379, GC5B373,
25 GC5B376, GC5B385, GC5B370, GC5B602, GC5B603, GC5B599, GC5B601, GC5B598, or GC5B597. In one embodiment, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone GC5B680.

 In some exemplary embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain derived from an antibody clone as described in Table 2. In some
30 exemplary embodiments, the GPRC5D-binding arm comprises heavy chain variable domain and light chain variable domain derived from an antibody clone as described in Table 2. In some exemplary embodiments, the GPRC5D-binding arm comprises heavy chain variable domain and light chain variable domain of clone GC5B680, GC5B81, GC5B465, GS5B483, GC5B596, GC5B382, GC5B379, GC5B373, GC5B376, GC5B385,

5 GC5B370, GC5B602, GC5B603, GC5B599, GC5B601, GC5B598, or GC5B597. In one embodiment, the GPRC5D-binding arm comprises heavy chain variable domain and light chain variable domain of clone GC5B680. In some embodiments, the GPRC5D-specific antibody clone may induce ADCC *in vitro* with an EC₅₀ of 28 nM or less.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1
10 comprising SEQ ID NO: 12, a heavy chain CDR2 comprising SEQ ID NO: 13, and a heavy chain CDR3 comprising SEQ ID NO: 14. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 12, a heavy chain CDR2 comprising SEQ ID NO: 13, a heavy chain CDR3 comprising SEQ ID NO: 14, a light chain CDR1 comprising SEQ ID NO: 9, a light chain CDR2 comprising SEQ ID NO:
15 10, and a light chain CDR3 comprising SEQ ID NO: 11. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 16. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 16 and a light chain
20 variable domain substantially the same as, or identical to, SEQ ID NO: 15.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 49, a heavy chain CDR2 comprising SEQ ID NO: 53, and a heavy chain CDR3 comprising SEQ ID NO: 57. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 49, a heavy chain
25 CDR2 comprising SEQ ID NO: 53, a heavy chain CDR3 comprising SEQ ID NO: 57, a light chain CDR1 comprising SEQ ID NO: 61, a light chain CDR2 comprising SEQ ID NO: 64, and a light chain CDR3 comprising SEQ ID NO: 67. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to,
30 SEQ ID NO: 97. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 97 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 101.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 50, a heavy chain CDR2 comprising SEQ ID NO: 54, and a

- 5 heavy chain CDR3 comprising SEQ ID NO: 58. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 50, a heavy chain CDR2 comprising SEQ ID NO: 54, a heavy chain CDR3 comprising SEQ ID NO: 58, a light chain CDR1 comprising SEQ ID NO: 61, a light chain CDR2 comprising SEQ ID NO: 64, and a light chain CDR3 comprising SEQ ID NO: 67. The GPRC5D-binding arm
10 may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 98. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 98 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 101.
- 15 In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 51, a heavy chain CDR2 comprising SEQ ID NO: 55, and a heavy chain CDR3 comprising SEQ ID NO: 59. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 51, a heavy chain CDR2 comprising SEQ ID NO: 55, a heavy chain CDR3 comprising SEQ ID NO: 59, a
20 light chain CDR1 comprising SEQ ID NO: 62, a light chain CDR2 comprising SEQ ID NO: 65, and a light chain CDR3 comprising SEQ ID NO: 68. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 99. In some embodiments, the GPRC5D-binding arm comprises a heavy
25 chain variable domain substantially the same as, or identical to, SEQ ID NO: 99 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 102.
- In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 52, a heavy chain CDR2 comprising SEQ ID NO: 56, and a heavy chain CDR3 comprising SEQ ID NO: 60. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 52, a heavy chain CDR2 comprising SEQ ID NO: 56, a heavy chain CDR3 comprising SEQ ID NO: 60, a
30 light chain CDR1 comprising SEQ ID NO: 63, a light chain CDR2 comprising SEQ ID NO: 66, and a light chain CDR3 comprising SEQ ID NO: 69. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding

5 arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 100. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 100 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 103.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1
10 comprising SEQ ID NO: 70, a heavy chain CDR2 comprising SEQ ID NO: 77, and a heavy chain CDR3 comprising SEQ ID NO: 84. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 70, a heavy chain CDR2 comprising SEQ ID NO: 77, a heavy chain CDR3 comprising SEQ ID NO: 84, a light chain CDR1 comprising SEQ ID NO: 91, a light chain CDR2 comprising SEQ ID
15 NO: 93, and a light chain CDR3 comprising SEQ ID NO: 95. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 104. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 104 and a
20 light chain variable domain substantially the same as, or identical to, SEQ ID NO: 113.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 50, a heavy chain CDR2 comprising SEQ ID NO: 78, and a heavy chain CDR3 comprising SEQ ID NO: 85. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 50, a heavy chain
25 CDR2 comprising SEQ ID NO: 78, a heavy chain CDR3 comprising SEQ ID NO: 85, a light chain CDR1 comprising SEQ ID NO: 61, a light chain CDR2 comprising SEQ ID NO: 64, and a light chain CDR3 comprising SEQ ID NO: 67. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to,
30 SEQ ID NO: 105. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 105 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 101.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 71, a heavy chain CDR2 comprising SEQ ID NO: 79, and a

5 heavy chain CDR3 comprising SEQ ID NO: 86. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 71, a heavy chain CDR2 comprising SEQ ID NO: 79, a heavy chain CDR3 comprising SEQ ID NO: 86, a light chain CDR1 comprising SEQ ID NO: 62, a light chain CDR2 comprising SEQ ID NO: 65, and a light chain CDR3 comprising SEQ ID NO: 68. The GPRC5D-binding arm
10 may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 106. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 106 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 102.

15 In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 71, a heavy chain CDR2 comprising SEQ ID NO: 79, and a heavy chain CDR3 comprising SEQ ID NO: 59. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 71, a heavy chain CDR2 comprising SEQ ID NO: 79, a heavy chain CDR3 comprising SEQ ID NO: 59, a
20 light chain CDR1 comprising SEQ ID NO: 62, a light chain CDR2 comprising SEQ ID NO: 65, and a light chain CDR3 comprising SEQ ID NO: 68. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 107. In some embodiments, the GPRC5D-binding arm comprises a heavy
25 chain variable domain substantially the same as, or identical to, SEQ ID NO: 107 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 102.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 72, a heavy chain CDR2 comprising SEQ ID NO: 80, and a heavy chain CDR3 comprising SEQ ID NO: 87. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 72, a heavy chain CDR2 comprising SEQ ID NO: 80, a heavy chain CDR3 comprising SEQ ID NO: 87, a
30 light chain CDR1 comprising SEQ ID NO: 62, a light chain CDR2 comprising SEQ ID NO: 65, and a light chain CDR3 comprising SEQ ID NO: 68. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding

5 arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 108. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 108 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 102.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1
10 comprising SEQ ID NO: 73, a heavy chain CDR2 comprising SEQ ID NO: 81, and a heavy chain CDR3 comprising SEQ ID NO: 88. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 73, a heavy chain CDR2 comprising SEQ ID NO: 81, a heavy chain CDR3 comprising SEQ ID NO: 88, a light chain CDR1 comprising SEQ ID NO: 91, a light chain CDR2 comprising SEQ ID
15 NO: 93, and a light chain CDR3 comprising SEQ ID NO: 95. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 109. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 109 and a
20 light chain variable domain substantially the same as, or identical to, SEQ ID NO: 113.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 74, a heavy chain CDR2 comprising SEQ ID NO: 82, and a heavy chain CDR3 comprising SEQ ID NO: 60. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 74, a heavy chain
25 CDR2 comprising SEQ ID NO: 82, a heavy chain CDR3 comprising SEQ ID NO: 60, a light chain CDR1 comprising SEQ ID NO: 63, a light chain CDR2 comprising SEQ ID NO: 66, and a light chain CDR3 comprising SEQ ID NO: 69. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to,
30 SEQ ID NO: 110. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 110 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 103.

In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 75, a heavy chain CDR2 comprising SEQ ID NO: 80, and a

5 heavy chain CDR3 comprising SEQ ID NO: 89. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 75, a heavy chain CDR2 comprising SEQ ID NO: 80, a heavy chain CDR3 comprising SEQ ID NO: 89, a light chain CDR1 comprising SEQ ID NO: 92, a light chain CDR2 comprising SEQ ID NO: 94, and a light chain CDR3 comprising SEQ ID NO: 96. The GPRC5D-binding arm
10 may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 111. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 111 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 114.

15 In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 76, a heavy chain CDR2 comprising SEQ ID NO: 83, and a heavy chain CDR3 comprising SEQ ID NO: 90. In some embodiments, the GPRC5D-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 76, a heavy chain CDR2 comprising SEQ ID NO: 83, a heavy chain CDR3 comprising SEQ ID NO: 90, a
20 light chain CDR1 comprising SEQ ID NO: 63, a light chain CDR2 comprising SEQ ID NO: 66, and a light chain CDR3 comprising SEQ ID NO: 69. The GPRC5D-binding arm may comprise human framework sequences. In some embodiments, the GPRC5D-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 112. In some embodiments, the GPRC5D-binding arm comprises a heavy
25 chain variable domain substantially the same as, or identical to, SEQ ID NO: 112 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 115.

The GPRC5D-binding arm may be derived from any species by recombinant means. For example, the GPRC5D antigen-binding arm may be derived from mouse, rat, goat, horse, swine, bovine, chicken, rabbit, camelid, donkey, human, or chimeric versions
30 thereof. For use in administration to humans, non-human derived antigen-binding fragments may be genetically or structurally altered to be less antigenic upon administration to a human patient. In some embodiments, the GPRC5D-binding arm comprises antigen-binding fragments which is chimeric.

5 In some embodiments, the GPRC5D-binding arm comprises humanized antigen-binding fragments. Humanized antigen-binding fragments may be derived from chimeric immunoglobulins, immunoglobulin chains or fragments thereof (such as Fv, Fab, Fab', F(ab')₂ or other antigen-binding subsequences of antibodies) that contain minimal sequence derived from non-human immunoglobulin. For the most part, humanized
10 antibodies or antigen-binding fragments are human immunoglobulins (recipient antibody) or antigen-binding fragments in which residues from a complementary-determining region (CDR) of the recipient are replaced by residues from a CDR of a non-human species (donor antibody) such as mouse, rat or rabbit having the desired specificity, affinity, and capacity. In general, the humanized antibody antigen-binding fragments will comprise
15 substantially all of at least one, and typically two, variable domains, in which all or substantially all of the CDR regions correspond to those of a non-human immunoglobulin and all or substantially all of the framework regions are those of a human immunoglobulin sequence. The humanized antibody antigen-binding fragments may include at least a portion of an immunoglobulin constant region (Fc), typically that of a human
20 immunoglobulin.

CD3-binding arm

The BCMA x GPRC5D x CD3-multispecific antibodies described herein comprise an antigen-binding arm that binds CD3. In some embodiments, the CD3-binding arm binds
25 human CD3. In some preferred embodiments, the CD3-specific arm of the BCMA x GPRC5D x CD3 multispecific antibody is derived from a CD3-specific antibody that binds and activates human primary T cells and/or cynomolgus monkey primary T cells. In some embodiments, the CD3-binding arm binds to an epitope at the N-terminus of CD3 ϵ . In some embodiments, the CD3-binding arm binds to residues 22-35 (QDGNEEMGGITQTP
30 (SEQ ID NO: 161)) of the CD3 ϵ chain.

The CD3-binding arm may bind to CD3 with an affinity of 5×10^{-7} M or less, such as 1×10^{-7} M or less, 5×10^{-8} M or less, 1×10^{-8} M or less, 5×10^{-9} M or less, or 1×10^{-9} M or less. In some embodiments, the CD3-binding arm binds to the CD3 with an affinity of about 1×10^{-8} M, about 2×10^{-8} M, about 3×10^{-8} M, about 4×10^{-8} M, about 5×10^{-8} M, about 6×10^{-8} M,

5 about $7 \times 10^{-8}\text{M}$, about $8 \times 10^{-8}\text{M}$, about $9 \times 10^{-8}\text{M}$, or about $1 \times 10^{-8}\text{M}$. In some embodiments, the CD3-binding arm binds to the CD3 with an affinity of about $1 \times 10^{-8}\text{M}$ to about $3 \times 10^{-8}\text{M}$, about $2 \times 10^{-8}\text{M}$ to about $4 \times 10^{-8}\text{M}$, about $1 \times 10^{-8}\text{M}$ to about $5 \times 10^{-8}\text{M}$, about $2 \times 10^{-8}\text{M}$ to about $6 \times 10^{-8}\text{M}$, or about $3 \times 10^{-8}\text{M}$ to about $8 \times 10^{-8}\text{M}$. In one embodiment, the CD3-binding arm binds to the CD3 with an affinity of about $2.5 \times 10^{-8}\text{M}$. In one embodiment, the
 10 CD3-binding arm binds to the CD3 with an affinity of about $3.1 \times 10^{-8}\text{M}$. In some embodiments, the CD3-binding affinity is determined by a surface plasmon resonance (SPR) assay.

Human CD3 ϵ is described under UniProt P07766 (CD3E_HUMAN). An anti CD3 ϵ antibody described in the state of the art is SP34 (Yang SJ, The Journal of
 15 Immunology (1986) 137: 1097-1100). SP34 reacts with both primate and human CD3. SP34 is available from Pharmingen. A further anti CD3 antibody described in the state of the art is UCHT-1 (see WO2000041474). A further anti-CD3 antibody described in the state of the art is BC-3 (Fred Hutchinson Cancer Research Institute; used in Phase I/II trials of GvHD, Anasetti et al., Transplantation 54: 844 (1992)). SP34 differs from UCHT-1 and
 20 BC-3 in that SP-34 recognizes an epitope present on solely the ϵ chain of CD3 (see Salmeron et al., (1991) J. Immunol. 147: 3047) whereas UCHT-1 and BC-3 recognize an epitope contributed by both the ϵ and γ chains. The sequence of an antibody with the same sequence as of antibody SP34 is mentioned in WO2008119565, WO2008119566, WO2008119567, WO2010037836, WO2010037837
 25 and WO2010037838. A sequence which is 96% identical to VH of antibody SP34 is mentioned in US8236308 (WO2007042261).

In some embodiments, the CD3-binding arm contacts an epitope including the six N-terminal amino acids of CD3 ϵ . In some embodiments, the CD3-specific binding arm of the multispecific antibody is derived from the mouse monoclonal antibody SP34, a mouse
 30 IgG3/lambda isotype. In some embodiments, the CD3-binding arm comprises the CDRs of antibody SP34. Such CD3-binding arms may bind to CD3 with an affinity of $5 \times 10^{-7}\text{M}$ or less, such as $1 \times 10^{-7}\text{M}$ or less, $5 \times 10^{-8}\text{M}$ or less, $1 \times 10^{-8}\text{M}$ or less, $5 \times 10^{-9}\text{M}$ or less, or $1 \times 10^{-9}\text{M}$ or less. The CD3-specific binding arm may be a humanized version of an arm of

- 5 mouse monoclonal antibody SP34. Human framework adaptation (HFA) may be used to humanize the anti-CD3 antibody from which the CD3-specific arm is derived.

Table 3 provides a summary of examples of some CD3-specific antibodies described herein:

10 **Table 3. Heavy chains and light chains of exemplary CD3-specific antibodies and antigen-binding fragments**

	Heavy Chain	Light Chain
CD3B376	CDR 1: GDSVFNNNAAWS (SEQ ID NO: 4)	CDR 1: TGTSSNIGTYKFVS (SEQ ID NO: 1)
	CDR 2: RTYYRSKWLYD (SEQ ID NO: 5)	CDR 2: EVSKRPS (SEQ ID NO: 2)
	CDR 3: GYSSSFYD (SEQ ID NO: 6)	CDR 3: VSYAGSGTLL (SEQ ID NO: 3)
	VH: QVQLQQSGPRLVRPSQTLSTCAISGDSVFNNNA AWSWIRQSPSRGLEWLGRTYYRSKWLYDYAVS VKSRITVNPDTSRNQFTLQLNSVTPEDTALYYCA RGYSSSFYDWGQGLVTVSS (SEQ ID NO: 8)	VL: QSALTQPASVSGSPGQSITISCTGTSSNIGTYK FVSWYQQHPDKAPKVLLYEVS KRPSGVSSR FSGSKSGNTASLTISGLQAEDQADYHCVSYA GSGTLLFGGGTKLTVL (SEQ ID NO: 7)
	Heavy chain: QVQLQQSGPRLVRPSQTLSTCAISGDSVFNNNA AWSWIRQSPSRGLEWLGRTYYRSKWLYDYAVS VKSRITVNPDTSRNQFTLQLNSVTPEDTALYYCA RGYSSSFYDWGQGLVTVSSASTKGPSVFPLAPS SKSTSGGTAALGCLVKDYFPEPVTVSWNSGALT SGVHTFPAVLQSSGLYSLSSVVTVPSSSLGTQTYI CNVNHKPSNTKVDKKVEPKSCDKTHTCPPCPAP EAAGGPSVFLFPPKPKDTLMISRTPEVTCVTVSV SHEDPEVKFNWYVDGVEVHNAKTKPREEQYNS TYRVVSVLTVLHQDWLNGKEYKCKVSNKALPA PIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSL SCAVKGFYPSDIAVEWESNGQPENNYKTPPVL DSDGSFFLVSKLTVDKSRWQQGNVFSCSVMHEA LHNRFTQKSLSLSPGK (SEQ ID NO: 26)	Light chain: QSALTQPASVSGSPGQSITISCTGTSSNIGTYK FVSWYQQHPDKAPKVLLYEVS KRPSGVSSR FSGSKSGNTASLTISGLQAEDQADYHCVSYA GSGTLLFGGGTKLTVLGQPKAAPSVTLFPPS SEELQANKATLVCLISDFYPGAVTVAWKAD SSPVKAGVETTPSKQSNKYAASSYLSLTP EQWKSHRSYSCQVTHEGSTVEKTVAPTECS (SEQ ID NO: 27)
CD3B219	CDR 1: TYAMN (SEQ ID NO: 117)	CDR 1: RSSTGAVTTSNYAN (SEQ ID NO: 122)
	CDR 2: RIRSKYNNYATYYAASVKG (SEQ ID NO: 118)	CDR 2: GTNKRAP (SEQ ID NO: 123)
	CDR 3: HGNFGNSYVSWFAY (SEQ ID NO: 119)	CDR 3: ALWYSNLWV (SEQ ID NO: 124)
	VH: EVQLVESGGGLVQPGGSLRLSCAASGFTFTNYA MNWVRQAPGKLEWVARIRSKYNNYATYYAA	VL: QTVVTQEPSTLVSPGGTVLTCRSSTGAVTT SNYANWVQKPGQAPRGLIGGTGNKRAPGTP

	SVKGRFTISRDDSKNSLYLQMNSLKTEDTAVYY CARHGNFGNSYVSWFAYWGQGLTVTVSS (SEQ ID NO: 120)	ARFSGSLLGGKAALTLSGVQPEDEAEYYCA LWYSNLWVFGGGTKLTVL (SEQ ID NO: 125)
	Heavy chain: EVQLVESGGGLVQPGGSLRLSCAASGFTFTYA MNWVRQAPGKLEWVARIRSKYNNYATYYAA SVKGRFTISRDDSKNSLYLQMNSLKTEDTAVYY CARHGNFGNSYVSWFAYWGQGLTVTVSSASTK GPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVT VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVPS SSLGKTYTCNVDHKPSNTKVDKRVESKYGPPC PPCPAPEAAGGPSVFLFPPKPKDTLMISRTPEVTC VVVDVSQEDPEVQFNWYVDGVEVHNAKTKPRE EQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSN KGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTK NQVSLTCLVKGFYPSDIAVEWESNGQPENNYKT TPPVLDSGDSFLLYSKLTVDKSRWQEGRVNFSCSV MHEALHNHYTQKSLSLGLK (SEQ ID NO: 121)	Light chain: QTVVTQEPSTVSPGGTVLTCRSSTGAVTT SNYANWVQKPGQAPRGLIGGTNKRAPGTP ARFSGSLLGGKAALTLSGVQPEDEAEYYCA LWYSNLWVFGGGTKLTVLGQPKAAPSVTLF PPSSEELQANKATLVCLISDFYPGAVTVAWK ADSSPVKAGVETTPSKQSNKNYAASSYLSL TPEQWKSQRSYSCQVTHEGSTVEKTVAPTE CS (SEQ ID NO: 126)

5

Characteristics of some CD3-specific antibodies or antigen-binding fragments may be found in e.g., United States Patents No. 10,562,968 and 10,072,088, United States Published Application US2019/0382481, the content of each of which is herein incorporated by reference in its entirety.

- 10 In some embodiments, the CD3-binding arm comprises a heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some embodiments, the CD3-binding arm comprises a light chain variable domain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some embodiments, the CD3-binding arm comprises a
- 15 heavy chain variable domain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3 and a light chain variable domain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some embodiments, the CD3-binding arm competes for binding to CD3 with an antibody or antigen-binding comprising a heavy chain comprising a heavy chain CDR1, CDR2, and
- 20 CDR3 of any one of the antibodies described in Table 3 and a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3.

5 In some embodiments, the CD3-binding arm comprises a heavy chain comprising a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some embodiments, the CD3-binding arm comprises a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some
10 CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3 and a light chain comprising a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3.

In some embodiments, the CD3-binding arm comprises a heavy chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some
15 embodiments, the CD3-binding arm comprises a light chain CDR1, CDR2, and CDR3 of any one of the antibodies described in Table 3. In some embodiments, the CD3-binding arm comprises a heavy chain comprising a CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 3 and a light chain comprising a CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 3. In some embodiments of the
20 multispecific antibodies, the CD3-binding arm comprises a heavy chain and light chain pair selected from Table 3. In some embodiments, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone CD3B376. In some embodiments, the GPRC5D-binding arm comprises heavy chain CDR1, CDR2, and CDR3 and light chain CDR1, CDR2, and CDR3 of clone CD3B219.

25 In some embodiments, the CD3-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 4, a heavy chain CDR2 comprising SEQ ID NO: 5, and a heavy chain CDR3 comprising SEQ ID NO: 6. In some embodiments, the CD3-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 4, a heavy chain CDR2 comprising SEQ ID NO: 5, a heavy chain CDR3 comprising SEQ ID NO: 6, a light chain
30 CDR1 comprising SEQ ID NO: 1, a light chain CDR2 comprising SEQ ID NO: 2, and a light chain CDR3 comprising SEQ ID NO: 3. The CD3-binding arm may comprise human framework sequences. In some embodiments, the CD3-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 8. In some embodiments, the CD3-binding arm comprises a heavy chain variable domain substantially

5 the same as, or identical to, SEQ ID NO: 8 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 7. In some embodiments, the CD3-binding arm comprises a heavy chain substantially the same as, or identical to, SEQ ID NO: 26. In some embodiments, the CD3-binding arm comprises a heavy chain substantially the same as, or identical to, SEQ ID NO: 26 and a light chain substantially the same as, or identical to, SEQ ID NO: 27.

In some embodiments, the CD3-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 117, a heavy chain CDR2 comprising SEQ ID NO: 118, and a heavy chain CDR3 comprising SEQ ID NO: 119. In some embodiments, the CD3-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 117, a heavy chain CDR2 comprising SEQ ID NO: 118, a heavy chain CDR3 comprising SEQ ID NO: 119, a light chain CDR1 comprising SEQ ID NO: 123, a light chain CDR2 comprising SEQ ID NO: 124, and a light chain CDR3 comprising SEQ ID NO: 125. The CD3-binding arm may comprise human framework sequences. In some embodiments, the CD3-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 120. In some embodiments, the CD3-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 120 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 125. In some embodiments, the CD3-binding arm comprises a heavy chain substantially the same as, or identical to, SEQ ID NO: 121. In some embodiments, the CD3-binding arm comprises a heavy chain substantially the same as, or identical to, SEQ ID NO: 121 and a light chain substantially the same as, or identical to, SEQ ID NO: 126.

In some embodiments, the CDRs of the heavy chain and/or the light chain are derived from known anti-CD3 antibodies, such as, for example, muromonab-CD3 (OKT3), oteelixumab (TRX4), teplizumab (MGA031), visilizumab (Nuvion), TR-66 or X35-3, VIT3, BMA030 (BW264/56), CLB-T3/3, CRIS7, YTH12.5, Fl 11-409, CLB-T3.4.2, TR-66, WT32, SPv-T3b, 11D8, XIII-141, XIII-46, XIII-87, 12F6, T3/RW2-8C8, T3/RW2-4B6, OKT3D, M-T301, SMC2, F101.01, UCHT-1 and WT-31.

In some embodiments, the CD3-binding arm is IgG, or a derivative thereof. In some embodiments, the CD3-binding arm is IgG1, IgG2, IgG3, or IgG4. In some

5 embodiments where in the CD3-binding arm has an IgG4 isotype, it contains S228P, L234A, L235A, F405L, and R409K substitution(s) in its Fc region. In some embodiments, the antibodies or antigen-binding fragments bind CD3 ϵ on primary human T cells. In some embodiments, the antibodies or antigen-binding fragments bind CD3 ϵ on primary cynomolgus T cells. In some embodiments, the antibodies or antigen-binding fragments
10 bind CD3 ϵ on primary human and cynomolgus T cells. In some embodiments, the antibodies or antigen-binding fragments activate primary human CD3 $^{+}$ T cells. In some embodiments, the antibodies or antigen-binding fragments activate primary cynomolgus CD4 $^{+}$ T cells.

15 In some embodiments, the trispecific antibodies described herein may adopt any format which has been described in the art for trispecific antibodies. In some embodiments, the trispecific antibodies described herein is constructed based on a bispecific antibody format. This can be achieved by adding a third antigen-binding arm to a bispecific antibody. Different formats of bispecific antibodies have been described and were recently
20 reviewed by Chames and Baty (2009) Curr Opin Drug Disc Dev 12: 276. In some embodiments, the trispecific antibody comprises a bispecific antibody which is a diabody, a cross-body, or a bispecific antibody obtained via a controlled Fab arm exchange as those described in the present disclosure.

 In some embodiments, the trispecific antibodies include IgG-like molecules with
25 complementary CH3 domains to force heterodimerization; recombinant IgG-like dual targeting molecules, wherein the two sides of the molecule each contain the Fab fragment or part of the Fab fragment of at least two different antibodies; IgG fusion molecules, wherein full length IgG antibodies are fused to an extra Fab fragment or parts of Fab fragment; Fc fusion molecules, wherein single chain Fv molecules or stabilized diabodies
30 are fused to heavy-chain constant-domains, Fc-regions or parts thereof; Fab fusion molecules, wherein different Fab-fragments are fused together; ScFv- and diabody-based and heavy chain antibodies (e.g., domain antibodies, nanobodies) wherein different single chain Fv molecules or different diabodies or different heavy-chain antibodies (e.g. domain antibodies, nanobodies) are fused to each other or to another protein or carrier molecule.

5 In some embodiments, IgG-like molecules with complementary CH3 domains
molecules include the Triomab/Quadroma (Trion Pharma/Fresenius Biotech), the Knobs-
into-Holes (Genentech), CrossMAbs (Roche) and the electrostatically-matched (Amgen),
the LUZ-Y (Genentech), the Strand Exchange Engineered Domain body (SEEDbody)
(EMD Serono), the Biclonic (Merus), the DuoBody (Genmab A/S), and other asymmetric
10 mutations (*e.g.*, Zymeworks).

In some embodiments, recombinant IgG-like dual targeting molecules include Dual
Targeting (DT)-Ig (GSK/Domantis), Two-in-one Antibody (Genentech), Cross-linked
Mabs (Karmanos Cancer Center), mAb2 (F-Star) and CovX-body (CovX/Pfizer).

In some embodiments, IgG fusion molecules include Dual Variable Domain
15 (DVD)-Ig (Abbott), IgG-like Bispecific (InnClone/Eli Lilly), Ts2Ab (MedImmune/AZ)
and BsAb (Zymogenetics), HERCULES (Biogen Idec) and TvAb (Roche).

In some embodiments, Fc fusion molecules include to ScFv/Fc Fusions (Academic
Institution), SCORPION (Emergent BioSolutions/Trubion, Zymogenetics/BMS), Dual
Affinity Retargeting Technology (Fc-DART) (MacroGenics) and Dual(ScFv).sub.2-Fab
20 (National Research Center for Antibody Medicine--China).

In some embodiments, Fab fusion bispecific antibodies include F(ab)₂
(Medarex/AMGEN), Dual-Action or Bis-Fab (Genentech), Dock-and-Lock (DNL)
(ImmunoMedics), Bivalent Bispecific (Biotecnol) and Fab-Fv (UCB-Celltech). ScFv-,
diabody-based and domain antibodies include but are not limited to Bispecific T Cell
25 Engager (BiTE) (Micromet), Tandem Diabody (Tandab) (Affimed), Dual Affinity
Retargeting Technology (DART) (MacroGenics), Single-chain Diabody (Academic),
TCR-like Antibodies (AIT, ReceptorLogics), Human Serum Albumin ScFv Fusion
(Merrimack) and COMBODY (Epigen Biotech), dual targeting nanobodies (Ablynx), dual
targeting heavy chain only domain antibodies.

30 Full length trispecific antibodies of the present disclosure may be generated for
example using Fab arm exchange (or half molecule exchange) between two mono specific
bivalent antibodies by introducing substitutions at the heavy chain CH3 interface in each
half molecule to favor heterodimer formation of two antibody half molecules having
distinct specificity either in vitro in cell-free environment or using co-expression. The Fab

5 arm exchange reaction is the result of a disulfide-bond isomerization reaction and dissociation-association of CH3 domains. The heavy-chain disulfide bonds in the hinge regions of the parent mono specific antibodies are reduced. The resulting free cysteines of one of the parent monospecific antibodies form an inter heavy-chain disulfide bond with cysteine residues of a second parent mono specific antibody molecule and simultaneously
10 CH3 domains of the parent antibodies release and reform by dissociation-association. The CH3 domains of the Fab arms may be engineered to favor heterodimerization over homodimerization. The resulting product is a bispecific antibody having two Fab arms or half molecules which each bind a distinct epitope, e.g., an epitope on BCMA (or GPRC5D) and an epitope on CD3. A third antigen-binding arm can be then introduced to
15 the bispecific antibody, for example, to the C-terminus of the first heavy chain or second heavy chain, which can bind to a third epitope, e.g., GPRC5D (or BCMA).

"Homodimerization" as used herein refers to an interaction of two heavy chains having identical CH3 amino acid sequences. "Homodimer" as used herein refers to an antibody having two heavy chains with identical CH3 amino acid sequences.

20 "Heterodimerization" as used herein refers to an interaction of two heavy chains having non-identical CH3 amino acid sequences. "Heterodimer" as used herein refers to an antibody having two heavy chains with non-identical CH3 amino acid sequences.

The "knob-in-hole" strategy (see, e.g., PCT Int. Publ. No. WO 2006/028936) may be used to generate full length trispecific antibodies. Briefly, selected amino acids forming
25 the interface of the CH3 domains in human IgG can be mutated at positions affecting CH3 domain interactions to promote heterodimer formation. An amino acid with a small side chain (hole) is introduced into a heavy chain of an antibody binding a first antigen and an amino acid with a large side chain (knob) is introduced into a heavy chain of an antibody binding a second antigen. After co-expression of the two antibodies, a heterodimer is
30 formed as a result of the preferential interaction of the heavy chain with a "hole" with the heavy chain with a "knob". Exemplary CH3 substitution pairs forming a knob and a hole are (expressed as modified position in the first CH3 domain of the first heavy chain/modified position in the second CH3 domain of the second heavy chain):

5 T366Y/F405A, T366W/ F405W, F405W/Y407A, T394W/Y407T, T394S/Y407A,
T366W/T394S, F405W/T394S and T366W/T366S_L368A_Y407V.

In some embodiments of the trispecific antibody or trispecific binding fragment described herein, one of the Fc domains comprise mutations T366S, L368A and Y407V and the other Fc domain comprises mutation T366W. In some embodiments, the Fc
10 domain of the first heavy chain portion (HC1) of the first antigen binding arm (e.g., CD3 binding arm) comprises mutations T366S, L368A and Y407V, and the Fc domain of the second heavy chain portion (HC2) of the second antigen binding arm and/or third antigen-binding arm (e.g., the GPRC5D/BCMA binding arm, or BCMA binding arm) comprises mutation T366W. In some embodiments, the Fc domain of the HC2 of the second antigen-
15 binding arm and/or third antigen-binding arm (e.g., the GPRC5D/BCMA binding arm, or BCMA binding arm) comprises mutations T366S, L368A and Y407V, and the Fc domain of the HC1 of the first antigen-binding arm (e.g., CD3 binding arm) comprises mutation T366W.

Other strategies such as promoting heavy chain heterodimerization using
20 electrostatic interactions by substituting positively charged residues at one CH3 surface and negatively charged residues at a second CH3 surface may be used, as described in US Pat. Publ. No. US2010/0015133; US Pat. Publ. No. US2009/0182127; US Pat. Publ. No. US2010/028637 or US Pat. Publ. No. US2011/0123532. In other strategies, heterodimerization may be promoted by the following substitutions (expressed as modified
25 position in the first CH3 domain of the first heavy chain/modified position in the second CH3 domain of the second heavy chain): L351Y_F405AY407V/T394W,
T366I_K392M_T394W/F405A_Y407V, T366L_K392M_T394W/F405A_Y407V,
L351Y_Y407A/T366A_K409F, L351Y_Y407A/T366V K409F Y407A/T366A_K409F, or
T350V_L351Y_F405A Y407V/T350V_T366L_K392L_T394W as described in U.S. Pat.
30 Publ. No. US2012/0149876 or U.S. Pat. Publ. No. US2013/0195849 (Zymeworks).

In addition to methods described above, trispecific antibodies of the invention may be generated in vitro in a cell-free environment by introducing asymmetrical mutations in the CH3 regions of two mono specific homodimeric antibodies and forming the trispecific heterodimeric antibody from two parent monospecific homodimeric antibodies in reducing

5 conditions to allow disulfide bond isomerization according to methods described in Inti. Pat. Publ. No. W02011/131746. In the methods, the first monospecific bivalent antibody (e.g., anti- GPRC5D antibody) and the second monospecific bivalent antibody (e.g., anti- CD3 antibody) are engineered to have certain substitutions at the CH3 domain that promotes heterodimer stability; the antibodies are incubated together under reducing
10 conditions sufficient to allow the cysteines in the hinge region to undergo disulfide bond isomerization; thereby generating the trispecific antibody by Fab arm exchange. The incubation conditions may optimally be restored to non-reducing conditions. Exemplary reducing agents that may be used are 2-mercaptoethylamine (2-MEA), dithiothreitol (DTT), dithioerythritol (DTE), glutathione, tris (2-carboxyethyl) phosphine (TCEP), L-
15 cysteine and beta-mercaptoethanol, preferably a reducing agent selected from the group consisting of: 2-mercaptoethylamine, dithiothreitol and tris (2-carboxyethyl) phosphine. For example, incubation for at least 90 min at a temperature of at least 20° C in the presence of at least 25 mM 2-MEA or in the presence of at least 0.5 mM dithiothreitol at a pH from 5-8, for example at pH of 7.0 or at pH of 7.4 may be used.

20 In some embodiments, the trispecific antibodies or antigen-binding fragments are IgG, or derivatives thereof. The IgG class is divided in four isotypes: IgG1, IgG2, IgG3 and IgG4 in humans. They share more than 95% homology in the amino acid sequences of the Fc regions but show major differences in the amino acid composition and structure of the hinge region. The Fc region mediates effector functions, such as antibody-dependent
25 cellular cytotoxicity (ADCC) and complement-dependent cytotoxicity (CDC). In ADCC, the Fc region of an antibody binds to Fc receptors (FcγRs) on the surface of immune effector cells such as natural killers and macrophages, leading to the phagocytosis or lysis of the targeted cells. In CDC, the antibodies kill the targeted cells by triggering the complement cascade at the cell surface. The antibodies described herein include
30 antibodies with the described features of the variable domains in combination with any of the IgG isotypes, including modified versions in which the Fc sequence has been modified to effect different effector functions.

For many applications of therapeutic antibodies, Fc-mediated effector functions are not part of the mechanism of action. These Fc-mediated effector functions can be

- 5 detrimental and potentially pose a safety risk by causing off-mechanism toxicity. Modifying effector functions can be achieved by engineering the Fc regions to reduce their binding to Fc γ Rs or the complement factors. The binding of IgG to the activating (Fc γ RI, Fc γ RIIa, Fc γ RIIIa and Fc γ RIIIb) and inhibitory (Fc γ RIIb) Fc γ Rs or the first component of complement (C1q) depends on residues located in the hinge region and the CH2 domain.
- 10 Mutations have been introduced in IgG1, IgG2 and IgG4 to reduce or silence Fc functionalities. The antibodies described herein may include these modifications.

In one embodiment, the antibody comprises an Fc region with one or more of the following properties: (a) reduced effector function when compared to the parent Fc; (b) reduced affinity to Fc γ RI, Fc γ RIIa, Fc γ RIIb, Fc γ RIIIb and/or Fc γ RIIIa, (c) reduced affinity to Fc γ RI (d) reduced affinity to Fc γ RIIa (e) reduced affinity to Fc γ RIIb, (f) reduced affinity to Fc γ RIIIb or (g) reduced affinity to Fc γ RIIIa.

15

In some embodiments, the antibodies or antigen-binding fragments are IgG, or derivatives thereof, e.g., IgG1, IgG2, IgG3, and IgG4 isotypes. In some embodiments wherein the antibody has an IgG1 isotype, the antibody contains L234A, L235A, D265S and/or K409R substitution(s) in its Fc region. In some embodiments wherein the antibody has an IgG4 isotype, the antibody contains S228P, L234A, and L235A substitutions in its Fc region. The antibodies described herein may include these modifications.

20

In some embodiments, the Fc domains of a multispecific antibody described herein each comprise one or more mutations selected from L234A, L235A, and D265S. In some embodiments, the Fc domains of HC1 and HC2 each comprise mutations L234A, L235A, and D265S.

25

In some embodiments, the Fc domain of one of the heavy chain portions of a multispecific antibody described herein further comprise one or more mutations which reduce Fc binding to protein A. In some embodiments, the Fc domains of one of the heavy chain portions comprises mutations H435R and/or Y436F. In some embodiments, the Fc domain of the HC2 of the second antigen-binding arm and/or third antigen-binding arm (e.g., GPRC5D/BCMA binding arm, or BCMA binding arm) comprises mutations H435R and/or Y436F.

30

5 In various embodiments, the third antigen-binding arm is operatively linked to Fc domains of the first antigen-binding arm or second antigen-binding arm via a linker. In some embodiments, the linker is a peptide linker and may include any naturally occurring amino acid. Exemplary amino acids that may be included into the linker are Gly, Ser Pro, Thr, Glu, Lys, Arg, Ile, Leu, His and The. The linker should have a length that is adequate to
10 link the third antigen-binding arm and the first antigen-binding arm or the second antigen-binding arm in such a way that they form the correct conformation relative to one another so that they retain the desired activity, such as binding to a third antigen (e.g., BCMA or GPRC5D).

 In some embodiments of a trispecific antibody described herein, the HC1 comprises,
15 from the N- to C-terminus, the VH1 of the first antigen-binding arm, a CH1 domain, the Fc domain, a linker, and the third antigen-binding arm.

 In some embodiments of a trispecific antibody described herein, the HC2 comprises, from the N-to C-terminus, the second antigen-binding arm, the Fc domain, a linker, and the third antigen-binding arm.

20 In various embodiments, the scFvs used in multispecific antibodies described herein comprise, from the N- to C-terminus, a VH, a linker and a VL (VH-L-VL) or the VL, the linker and the VH (VL-L-VH). In some embodiments, the scFv comprises, from the N- to C-terminus, the VL, the linker and the VH (VL-L-VH). In some embodiments, the scFv comprises, from the N- to C-terminus, the VH, the linker, and the VL (VH-L-VL).

25 The linker may be about 5-50 amino acids long. In some embodiments, the linker is about 10-40 amino acids long. In some embodiments, the linker is about 10-35 amino acids long. In some embodiments, the linker is about 10-30 amino acids long. In some embodiments, the linker is about 10-25 amino acids long. In some embodiments, the linker is about 10-20 amino acids long. In some embodiments, the linker is about 15-20 amino
30 acids long. In some embodiments, the linker is 6 amino acids long. In some embodiments, the linker is 7 amino acids long. In some embodiments, the linker is 8 amino acids long. In some embodiments, the linker is 9 amino acids long. In some embodiments, the linker is 10 amino acids long. In some embodiments, the linker is 11 amino acids long. In some embodiments, the linker is 12 amino acids long. In some embodiments, the linker is 13

5 amino acids long. In some embodiments, the linker is 14 amino acids long. In some
embodiments, the linker is 15 amino acids long. In some embodiments, the linker is 16
amino acids long. In some embodiments, the linker is 17 amino acids long. In some
embodiments, the linker is 18 amino acids long. In some embodiments, the linker is 19
amino acids long. In some embodiments, the linker is 20 amino acids long. In some
10 embodiments, the linker is 21 amino acids long. In some embodiments, the linker is 22
amino acids long. In some embodiments, the linker is 23 amino acids long. In some
embodiments, the linker is 24 amino acids long. In some embodiments, the linker is 25
amino acids long. In some embodiments, the linker is 26 amino acids long. In some
embodiments, the linker is 27 amino acids long. In some embodiments, the linker is 28
15 amino acids long. In some embodiments, the linker is 29 amino acids long. In some
embodiments, the linker is 30 amino acids long. In some embodiments, the linker is 31
amino acids long. In some embodiments, the linker is 32 amino acids long. In some
embodiments, the linker is 33 amino acids long. In some embodiments, the linker is 34
amino acids long. In some embodiments, the linker is 35 amino acids long. In some
20 embodiments, the linker is 36 amino acids long. In some embodiments, the linker is 37
amino acids long. In some embodiments, the linker is 38 amino acids long. In some
embodiments, the linker is 39 amino acids long. In some embodiments, the linker is 40
amino acids long. Exemplary linkers that may be used are Gly rich linkers, Gly and Ser
containing linkers, Gly and Ala containing linkers, Ala and Ser containing linkers, and other
25 flexible linkers.

Other linker sequences may include portions of immunoglobulin hinge area, CL or
CH1 derived from any immunoglobulin heavy or light chain isotype. Exemplary linkers
that may be used are shown in **Table 4**. Additional linkers are described for example in Int.
Pat. Publ. No. WO2019/060695.

30 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
25.

In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
163.

- 5 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
127.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
128.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
10 129.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
130.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
131.
- 15 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
132.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
133.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
20 134.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
135.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
136.
- 25 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
137.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
138.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
30 139.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
140.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
141.

- 5 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
142.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
143.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
10 144.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
145.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
146.
- 15 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
147.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
148.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
20 149.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
150.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
151.
- 25 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
152.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
153.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
30 154.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
155.
- In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO:
156.

- 5 In some embodiments, the linker comprises the amino acid sequence of SEQ ID NO: 157.

Table 4. Exemplary linker sequences

Linker name	Amino acid sequence	SEQ ID NO:
Linker 1	GGSEKSSGSGSESKSTGGS	25
Linker 2	GGGSGGGS	127
Linker 3	GGGSGGGS	128
Linker 4	GGGSGGGS	129
Linker 5	GGGSGGGS	130
Linker 6	GGGSGGGS	131
Linker 7	GGGSGGGS	163
Linker 8	GGGSGGGS	132
Linker 9	GSTSGSGKPGSGEGSTKG	133
Linker 10	IRPRAIGGSKPRVA	134
Linker 11	GKGGSGKGGSGKGG	135
Linker 12	GGKSGGKGGSGGKS	136
Linker 13	GGKSGGKSGGKS	137
Linker 14	GKGKSGKGKSGKGKS	138
Linker 15	GGKSGGKGGSGKGG	139
Linker 16	GKPGSGKPGSGKPGS	140
Linker 17	GKPGSGKPGSGKPGS	141
Linker 18	GKGKSGKGKSGKGKSGKGKS	142
Linker 19	STAGDTHLGGEDFD	143
Linker 20	GEGSGEGSGEGGS	144
Linker 21	GEGSGEGSGEGGS	145
Linker 22	GEGSGEGSGEGGS	146
Linker 23	GEGSGEGSGEGGS	147
Linker 24	GEGSGEGSGEGSGEGGS	148
Linker 25	GSTSGSGKPGSGEGSTKG	149
Linker 26	PRGASKSGSASQTGSAPGS	150
Linker 27	GTAAAGAGAAGGAAAGAAG	151
Linker 28	GTSGSSGSGSGSGSGGGG	152

Linker 29	GKPGSGKPGSGKPGSGKPGS	153
Linker 30	GSGS	154
Linker 31	APAPAPAPAP	155
Linker 32	APAPAPAPAPAPAPAPAPAP	156
Linker 33	AEAAAKEAAAKEAAAKEAAAKEAAAKAAA	157

5

In one embodiment, the HC1 of a BCMA x GPRC5D x CD3 trispecific antibody comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 26.

In one embodiment, the LC of a BCMA x GPRC5D x CD3 trispecific antibody
10 comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO:
27.

In one embodiment, the GPRC5D/BCMA binding arm of a BCMA x GPRC5D x CD3 trispecific antibody comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 28.

15 In one embodiment, a CD3/GPRC5D coupled HC1 of a BCMA x GPRC5D x CD3
trispecific antibody comprises an amino acid sequence substantially the same as, or
identical to, SEQ ID NO: 29.

In one embodiment, the LC of a BCMA x GPRC5D x CD3 trispecific antibody comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 20 30.

In one embodiment, the BCMA binding arm comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 31.

In one embodiment, provided herein is an isolated trispecific antibody, or a trispecific binding fragment thereof, comprising:

25 a) a CD3 binding arm comprising a heavy chain (HC1) and a light chain (LC); and
b) a GPRC5D/BCMA binding arm,

wherein HC1 comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 26, LC comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 27, and the GPRC5D/BCMA binding arm comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 28.

5 In one embodiment, provided herein is an isolated trispecific antibody, or a trispecific binding fragment thereof, comprising:

- a) a CD3 binding arm comprising a heavy chain (HC1) and a light chain (LC); and
- b) a GPRC5D/BCMA binding arm,

10 wherein HC1 comprises the amino acid sequence of SEQ ID NO: 26, LC comprises the amino acid sequence of SEQ ID NO: 27, and the GPRC5D/BCMA binding arm comprises the amino acid sequence of SEQ ID NO: 28.

In one embodiment, provided herein is an isolated trispecific antibody, or a trispecific binding fragment thereof, comprising:

- a) a CD3 binding arm comprising a heavy chain (HC1) and a light chain (LC),

15 wherein the HC1 further comprises the GPRC5D binding arm; and

- b) a BCMA binding arm,

wherein HC1 comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 29, LC comprises an amino acid sequence substantially the same as, or identical to, SEQ ID NO: 30, and the BCMA binding arm comprises an amino acid

20 sequence substantially the same as, or identical to, SEQ ID NO: 31.

In one embodiment, provided herein is an isolated trispecific antibody, or a trispecific binding fragment thereof, comprising:

- a) a CD3 binding arm comprising a heavy chain (HC1) and a light chain (LC),

wherein the HC1 further comprises the GPRC5D binding arm; and

- 25 b) a BCMA binding arm,

wherein HC1 comprises the amino acid sequence of SEQ ID NO: 29, LC comprises the amino acid sequence of SEQ ID NO: 30, and the BCMA binding arm comprises the amino acid sequence of SEQ ID NO: 31.

In one embodiment, the BCMA x GPRC5D x CD3 trispecific antibody is

30 BGCB463.

In one embodiment, the BCMA x GPRC5D x CD3 trispecific antibody is BGCB491.

In addition to the described BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments, also provided are polynucleotide sequences capable of

5 encoding the described BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments. Vectors comprising the described polynucleotides are also provided, as are cells expressing the BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments provided herein. Also described are cells capable of expressing the disclosed vectors. These cells may be mammalian cells (such as 293F cells, CHO cells),
10 insect cells (such as Sf7 cells), yeast cells, plant cells, or bacteria cells (such as *E. coli*). The described antibodies may also be produced by hybridoma cells. The described antibodies may also be recombinantly produced.

Polynucleotides encoding recombinant antigen-binding proteins also are within the scope of the disclosure. In some embodiments, the polynucleotides described (and the
15 peptides they encode) include a leader sequence. Any leader sequence known in the art may be employed. The leader sequence may include, but is not limited to, a restriction site or a translation start site.

The BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments described herein include variants having single or multiple amino acid
20 substitutions, deletions, or additions that retain the biological properties (e.g., binding affinity or immune effector activity) of the described BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments. In the context of the present invention the following notations are, unless otherwise indicated, used to describe a mutation; i) substitution of an amino acid in a given position is written as e.g. K409R
25 which means a substitution of a Lysine in position 409 with an Arginine; and ii) for specific variants the specific three or one letter codes are used, including the codes Xaa and X to indicate any amino acid residue. Thus, the substitution of Arginine for Lysine in position 409 is designated as: K409R, or the substitution of any amino acid residue for Lysine in position 409 is designated as K409X. In case of deletion of Lysine in position
30 409 it is indicated by K409*. The skilled person may produce variants having single or multiple amino acid substitutions, deletions, or additions.

These variants may include: (a) variants in which one or more amino acid residues are substituted with conservative or nonconservative amino acids, (b) variants in which one or more amino acids are added to or deleted from the polypeptide, (c) variants in which

5 one or more amino acids include a substituent group, and (d) variants in which the polypeptide is fused with another peptide or polypeptide such as a fusion partner, a protein tag or other chemical moiety, that may confer useful properties to the polypeptide, such as, for example, an epitope for an antibody, a polyhistidine sequence, a biotin moiety and the like. Antibodies or antigen-binding fragments described herein may include variants in
10 which amino acid residues from one species are substituted for the corresponding residue in another species, either at the conserved or nonconserved positions. In other embodiments, amino acid residues at nonconserved positions are substituted with conservative or nonconservative residues. The techniques for obtaining these variants, including genetic (deletions, mutations, etc.), chemical, and enzymatic techniques, are
15 known to persons having ordinary skill in the art.

The BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments described herein may embody several antibody isotypes, such as IgM, IgD, IgG, IgA and IgE. In some embodiments the antibody isotype is IgG1, IgG2, IgG3, or IgG4 isotype, preferably IgG1 or IgG4 isotype. Antibody or antigen-binding fragment thereof
20 specificity is largely determined by the amino acid sequence, and arrangement, of the CDRs. Therefore, the CDRs of one isotype may be transferred to another isotype without altering antigen specificity. Alternatively, techniques have been established to cause hybridomas to switch from producing one antibody isotype to another (isotype switching) without altering antigen specificity. Accordingly, such antibody isotypes are within the
25 scope of the described antibodies or antigen-binding fragments.

The BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments described herein may have IC_{50} values of at least 5.9 nM for APRIL binding. The IC_{50} of the described BCMA x GPRC5D x CD3-multispecific antibodies, or antigen-binding fragments, may be determined by a variety of methods known in the art, such as
30 ELISA-based methods or flow cytometry (FACS). Assays for measuring IC_{50} by ELISA have plate-bound BCMA in the presence and absence of a BCMA x GPRC5D x CD3-multispecific antibody, or antigen-binding fragment, and varying concentrations of the APRIL are used. A BCMA x GPRC5D x CD3-multispecific antibody, or antigen-binding

5 fragment, that blocks the binding of APRIL to BCMA is to “block APRIL as measured by ELISA.”

Also provided are vectors comprising the polynucleotides described herein. The vectors can be expression vectors. Recombinant expression vectors containing a sequence encoding a polypeptide of interest are thus contemplated as within the scope of this
10 disclosure. The expression vector may contain one or more additional sequences such as but not limited to regulatory sequences (e.g., promoter, enhancer), a selection marker, and a polyadenylation signal. Vectors for transforming a wide variety of host cells are well known and include, but are not limited to, plasmids, phagemids, cosmids, baculoviruses, bacmids, bacterial artificial chromosomes (BACs), yeast artificial chromosomes (YACs),
15 as well as other bacterial, yeast and viral vectors.

Recombinant expression vectors within the scope of the description include synthetic, genomic, or cDNA-derived nucleic acid fragments that encode at least one recombinant protein which may be operably linked to suitable regulatory elements. Such regulatory elements may include a transcriptional promoter, sequences encoding suitable
20 mRNA ribosomal binding sites, and sequences that control the termination of transcription and translation. Expression vectors, especially mammalian expression vectors, may also include one or more nontranscribed elements such as an origin of replication, a suitable promoter and enhancer linked to the gene to be expressed, other 5' or 3' flanking nontranscribed sequences, 5' or 3' nontranslated sequences (such as necessary ribosome
25 binding sites), a polyadenylation site, splice donor and acceptor sites, or transcriptional termination sequences. An origin of replication that confers the ability to replicate in a host may also be incorporated.

The transcriptional and translational control sequences in expression vectors to be used in transforming vertebrate cells may be provided by viral sources. Exemplary vectors
30 may be constructed as described by Okayama and Berg, 3 *Mol. Cell. Biol.* 280 (1983).

In some embodiments, the multispecific antibody- or antigen-binding fragment-coding sequence is placed under control of a powerful constitutive promoter, such as the promoters for the following genes: hypoxanthine phosphoribosyl transferase (HPRT), adenosine deaminase, pyruvate kinase, beta-actin, human myosin, human hemoglobin,

5 human muscle creatine, and others. In addition, many viral promoters function constitutively in eukaryotic cells and are suitable for use with the described embodiments. Such viral promoters include without limitation, Cytomegalovirus (CMV) immediate early promoter, the early and late promoters of SV40, the Mouse Mammary Tumor Virus (MMTV) promoter, the long terminal repeats (LTRs) of Moloney leukemia virus, Human
 10 Immunodeficiency Virus (HIV), Epstein Barr Virus (EBV), Rous Sarcoma Virus (RSV), and other retroviruses, and the thymidine kinase promoter of Herpes Simplex Virus. In one embodiment, the BCMA x GPRC5D x CD3-multispecific antibody or antigen-binding fragment thereof coding sequence is placed under control of an inducible promoter such as the metallothionein promoter, tetracycline-inducible promoter, doxycycline-inducible
 15 promoter, promoters that contain one or more interferon-stimulated response elements (ISRE) such as protein kinase R 2',5'-oligoadenylate synthetases, Mx genes, ADAR1, and the like.

Vectors described herein may contain one or more Internal Ribosome Entry Site(s) (IRES). Inclusion of an IRES sequence into fusion vectors may be beneficial for
 20 enhancing expression of some proteins. In some embodiments the vector system will include one or more polyadenylation sites (e.g., SV40), which may be upstream or downstream of any of the aforementioned nucleic acid sequences. Vector components may be contiguously linked, or arranged in a manner that provides optimal spacing for expressing the gene products (i.e., by the introduction of "spacer" nucleotides between the
 25 ORFs), or positioned in another way. Regulatory elements, such as the IRES motif, may also be arranged to provide optimal spacing for expression.

The vectors may comprise selection markers, which are well known in the art. Selection markers include positive and negative selection markers, for example, antibiotic resistance genes (e.g., neomycin resistance gene, a hygromycin resistance gene, a
 30 kanamycin resistance gene, a tetracycline resistance gene, a penicillin resistance gene, a puromycin resistance gene, a blasticidin resistance gene), glutamate synthase genes, HSV-TK, HSV-TK derivatives for ganciclovir selection, or bacterial purine nucleoside phosphorylase gene for 6-methylpurine selection (Gadi et al., 7 *Gene Ther.* 1738-1743 (2000)). A nucleic acid sequence encoding a selection marker or the cloning site may be

5 upstream or downstream of a nucleic acid sequence encoding a polypeptide of interest or cloning site.

The vectors described herein may be used to transform various cells with the genes encoding the described antibodies or antigen-binding fragments. For example, the vectors may be used to generate BCMA x GPRC5D x CD3-multispecific antibody or antigen-
10 binding fragment-producing cells. Thus, another aspect features host cells transformed with vectors comprising a nucleic acid sequence encoding an antibody or antigen-binding fragment thereof that binds BCMA, GPRC5D, and CD3, such as the antibodies or antigen-binding fragments described and exemplified herein.

Numerous techniques are known in the art for the introduction of foreign genes into
15 cells and may be used to construct the recombinant cells for purposes of carrying out the described methods, in accordance with the various embodiments described and exemplified herein. The technique used should provide for the stable transfer of the heterologous gene sequence to the host cell, such that the heterologous gene sequence is heritable and expressible by the cell progeny, and so that the necessary development and
20 physiological functions of the recipient cells are not disrupted. Techniques which may be used include but are not limited to chromosome transfer (e.g., cell fusion, chromosome mediated gene transfer, micro cell mediated gene transfer), physical methods (e.g., transfection, spheroplast fusion, microinjection, electroporation, liposome carrier), viral vector transfer (e.g., recombinant DNA viruses, recombinant RNA viruses) and the like
25 (described in Cline, 29 *Pharmac. Ther.* 69-92 (1985)). Calcium phosphate precipitation and polyethylene glycol (PEG)-induced fusion of bacterial protoplasts with mammalian cells may also be used to transform cells.

Cells suitable for use in the expression of the BCMA x GPRC5D x CD3-multispecific antibodies or antigen-binding fragments described herein are preferably
30 eukaryotic cells, more preferably cells of plant, rodent, or human origin, for example but not limited to NSO, CHO, CHOK1, perC.6, Tk-ts13, BHK, HEK293 cells, COS-7, T98G, CV-1/EBNA, L cells, C127, 3T3, HeLa, NS1, Sp2/0 myeloma cells, and BHK cell lines, among others. In addition, expression of antibodies may be accomplished using hybridoma cells. Methods for producing hybridomas are well established in the art.

5 Cells transformed with expression vectors described herein may be selected or screened for recombinant expression of the antibodies or antigen-binding fragments described herein. Recombinant-positive cells are expanded and screened for subclones exhibiting a desired phenotype, such as high level expression, enhanced growth properties, or the ability to yield proteins with desired biochemical characteristics, for example, due to
10 protein modification or altered post-translational modifications. These phenotypes may be due to inherent properties of a given subclone or to mutation. Mutations may be effected through the use of chemicals, UV-wavelength light, radiation, viruses, insertional mutagens, inhibition of DNA mismatch repair, or a combination of such methods.

15 **Therapeutic composition and methods of treatment using multispecific antibodies and multispecific antigen-binding fragments thereof**

 The multispecific antibodies discussed above, for example the BCMA x GPRC5D x CD3 trispecific antibodies discussed above, are useful in therapy. In particular, the multispecific antibodies are useful in treating cancer. Also provided herein are therapeutic
20 compositions for the treatment of a hyperproliferative disorder in a mammal which comprises a therapeutically effective amount of a multispecific antibody or multispecific antigen-binding fragment described herein and a pharmaceutically acceptable carrier. In preferred embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment
25 thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof. In one embodiment said pharmaceutical composition is for the treatment of a GPRC5D and/or BCMA-expressing cancer, including (but not limited to) the following: GPRC5D and/or BCMA-expressing B cell cancers, such as multiple myeloma (MM) including smoldering
30 multiple myeloma (SMM); and other cancers yet to be determined in which GPRC5D and/or BCMA is expressed. In some embodiments, the GPRC5D and/or BCMA - expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. Particular trispecific antibodies that may be used to

5 treat cancer, such as hematological cancer, including the specific cancers discussed above, include antibodies BGCB463, and BGCB491.

 In some embodiments, the BCMA x GPRC5D x CD3 trispecific antibody or binding fragment thereof is utilized for the treatment of R/R multiple myeloma.

 In some embodiments, the subject receiving the BCMA x GPRC5D x CD3
10 trispecific antibody or binding fragment thereof has received a prior treatment. For example, the subject may have received one or more therapeutics, such as proteasome inhibitors (PIs) (e.g., Marizomib (salinosporamide A), Carfilzomib, Ixazomib), immunomodulatory drugs (IMiDs), bispecific agents, CAR-T therapies, and/or anti-CD38 antibodies, for treating multiple myeloma.

15 The pharmaceutical compositions provided herein comprise: a) an effective amount of a multispecific antibody or antibody fragment of the present invention, and b) a pharmaceutically acceptable carrier, which may be inert or physiologically active. In preferred embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment
20 thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof. As used herein, the term "pharmaceutically acceptable carriers" includes any and all solvents, dispersion media, coatings, antibacterial and antifungal agents, and the like that are physiologically compatible. Examples of suitable carriers, diluents and/or excipients
25 include one or more of water, saline, phosphate buffered saline, dextrose, glycerol, ethanol, and the like, as well as any combination thereof. In many cases, it will be preferable to include isotonic agents, such as sugars, polyalcohols, or sodium chloride in the composition. In particular, relevant examples of suitable carrier include: (1) Dulbecco's phosphate buffered saline, pH.about.7.4, containing or not containing about 1 mg/mL to 25
30 mg/mL human serum albumin, (2) 0.9% saline (0.9% w/v sodium chloride (NaCl)), and (3) 5% (w/v) dextrose; and may also contain an antioxidant such as tryptamine and a stabilizing agent such as Tween 20[®].

 The compositions herein may also contain a further therapeutic agent, as necessary for the particular disorder being treated. Preferably, the multispecific antibody or antibody

5 fragment and the supplementary active compound will have complementary activities that do not adversely affect each other. In some embodiments, the further therapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2. In some
embodiments, the further therapeutic agent is a chemotherapeutic agent, an anti-CD38
agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an
10 immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof. In some embodiments, the further therapeutic agent is an anti-CD38 agent, such as an anti-CD38 antibody (e.g., daratumumab). In some embodiments, the further therapeutic agent is an immunomodulatory imide drug (IMiD), such as lenalidomide, and pomalidomide. In some embodiments, the further therapeutic agent is an
15 immune checkpoint inhibitor such as anti-PD-1 and anti T cell immunoreceptor with Ig and ITIM domains (TIGIT). In some embodiments, the further therapeutic agent is an immune co-stimulating agent, such as agents targeting CD137 (e.g., CD137 costimulatory bispecific antibody). In some embodiments, the further therapeutic agent is a T-cell enhancer, such as IL-2 addition.

20 The compositions of the invention may be in a variety of forms. These include for example liquid, semi-solid, and solid dosage forms, but the preferred form depends on the intended mode of administration and therapeutic application. Typical preferred compositions are in the form of injectable or infusible solutions. The preferred mode of administration is parenteral (e.g. intravenous, intramuscular, intraperitoneal,
25 subcutaneous). In a preferred embodiment, the compositions of the invention are administered intravenously as a bolus or by continuous infusion over a period of time. In another preferred embodiment, they are injected by intramuscular, subcutaneous, intra-articular, intrasynovial, intratumoral, peritumoral, intralesional, or perilesional routes, to exert local as well as systemic therapeutic effects.

30 Sterile compositions for parenteral administration can be prepared by incorporating the antibody, antibody fragment or antibody conjugate of the present invention in the required amount in the appropriate solvent, followed by sterilization by microfiltration. As solvent or vehicle, there may be used water, saline, phosphate buffered saline, dextrose, glycerol, ethanol, and the like, as well as combination thereof. In many cases, it will be

5 preferable to include isotonic agents, such as sugars, polyalcohol's, or sodium chloride in the composition. These compositions may also contain adjuvants, in particular wetting, isotonizing, emulsifying, dispersing and stabilizing agents. Sterile compositions for parenteral administration may also be prepared in the form of sterile solid compositions which may be dissolved at the time of use in sterile water or any other injectable sterile
10 medium.

The multispecific antibody or antibody fragment may also be orally administered. As solid compositions for oral administration, tablets, pills, powders (gelatin capsules, sachets) or granules may be used. In these compositions, the active ingredient according to the invention is mixed with one or more inert diluents, such as starch, cellulose, sucrose,
15 lactose or silica, under an argon stream. These compositions may also comprise substances other than diluents, for example one or more lubricants such as magnesium stearate or talc, a coloring, a coating (sugar-coated tablet) or a glaze.

As liquid compositions for oral administration, there may be used pharmaceutically acceptable solutions, suspensions, emulsions, syrups and elixirs containing inert diluents
20 such as water, ethanol, glycerol, vegetable oils or paraffin oil. These compositions may comprise substances other than diluents, for example wetting, sweetening, thickening, flavoring or stabilizing products.

The doses depend on the desired effect, the duration of the treatment and the route of administration used; they are generally between 5 mg and 1000 mg per day orally for an
25 adult with unit doses ranging from 1 mg to 250 mg of active substance. In general, the doctor will determine the appropriate dosage depending on the age, weight and any other factors specific to the subject to be treated.

Also provided herein are methods for killing a GPRC5D and/or BCMA + cell by administering to a patient in need thereof a multispecific antibody which binds said
30 GPRC5D and/or BCMA and is able to recruit T cells to kill said GPRC5D and/or BCMA + cell (i.e., T cell redirection). Any of the multispecific antibodies or antibody fragments of the invention may be used therapeutically. For example, in one embodiment the BCMA x GPRC5D x CD3-multispecific antibody may be used therapeutically to treat cancer in a subject.

5 In a preferred embodiment, multispecific antibodies or antibody fragments of the invention are used for the treatment of a hyperproliferative disorder in a mammal. In a more preferred embodiment, one of the pharmaceutical compositions disclosed above, and which contains a multispecific antibody or antibody fragment of the invention, is used for the treatment of a hyperproliferative disorder in a mammal. In one embodiment, the disorder is a cancer. In particular, the cancer is a GPRC5D and/or BCMA-expressing cancer, including (but not limited to) the following: GPRC5D and/or BCMA-expressing B-cell cancers, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM); and other cancers yet to be determined in which GPRC5D and/or BCMA is expressed. In some embodiments, the GPRC5D and/or BCMA -expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. In preferred embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof.

 Accordingly, the pharmaceutical compositions of the invention are useful in the treatment or prevention of a variety of cancers or disorders, including (but not limited to) the following: a GPRC5D and/or BCMA -expressing cancer, including (but not limited to) the following: GPRC5D and/or BCMA -expressing B/Plasma cell cancers, such as acute multiple myeloma (MM) or premalignant myelomas such as MGUS (Monoclonal Gammopathy of Undetermined Significance) and SMM (Smoldering Multiple myeloma) and plasmacytoma; and other cancers yet to be determined in which GPRC5D and/or BCMA is expressed, or other plasma cell disorders such as amyloidosis and lupus. In some embodiments, the GPRC5D and/or BCMA -expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma.

 Similarly, further provided herein is a method for inhibiting the growth of selected cell populations comprising contacting GPRC5D and/or BCMA-expressing target cells, or tissue containing such target cells, with an effective amount of a multispecific antibody or antibody fragment of the present invention, either alone or in combination with other

5 cytotoxic or therapeutic agents, in the presence of a peripheral blood mononuclear cell (PBMC). A BCMAxGPRC5DxCD3 antibody that blocks the binding of ligands (APIL, BAFF and others) to BCMA and GPRC5D may block BCMA- and GPRC5D- mediated signaling and lead to inhibition or cell death of the target cells. In preferred embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as
 10 described herein, or a multispecific antigen-binding fragment thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof.

In some embodiments, the methods described herein involving the administration of a multispecific antibody or pharmaceutical composition comprising the same, further
 15 involve administering another therapeutic agent. Suitable other therapeutic agents include, without limitation, an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer (e.g., IL-2 addition), tocilizumab, or any combination thereof. In some embodiments, the further therapeutic agent is an anti-CD38 agent, such as an anti-
 20 CD38 antibody (e.g., daratumumab). In some embodiments, the further therapeutic agent is an immunomodulatory imide drug (IMiD), such as lenalidomide, and pomalidomide. In some embodiments, the further therapeutic agent is an immune checkpoint inhibitor such as anti-PD-1 and anti-T cell immunoreceptor with Ig and ITIM domains (TIGIT). In some embodiments, the further therapeutic agent is an immune co-stimulating agent, such as
 25 agents targeting CD137 (e.g., CD137 costimulatory bispecific antibody). The use of a low-affinity CD137 binder with conditional agonism in the presence of a T cell-redirecting antibody like the BCMA x GPRC5D x CD3 trispecific antibody described herein could enhance antitumor activity and potentially improve T cell persistence. In some
 30 embodiments, the further therapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2. In some embodiments, the further therapeutic agent is a chemotherapeutic agent. The method for inhibiting the growth of selected cell populations can be practiced *in vitro*, *in vivo*, or *ex vivo*.

Examples of *in vitro* uses include treatments of autologous bone marrow prior to their transplant into the same patient in order to kill diseased or malignant cells; and

5 prevent graft-versus-host-disease (GVHD); treatments of cell cultures in order to kill all cells except for desired variants that do not express the target antigen; or to kill variants that express undesired antigen. The conditions of non-clinical *in vitro* use are readily determined by one of ordinary skill in the art.

Examples of clinical *ex vivo* use are to remove tumor cells from bone marrow prior
10 to autologous transplantation in cancer treatment. Treatment can be carried out as follows. Bone marrow is harvested from the patient or other individual and then incubated in medium containing serum to which is added the cytotoxic agent of the invention. Concentrations range from about 10 μ M to 1 μ M, for about 30 min to about 48 hr at about 37 °C. The exact conditions of concentration and time of incubation, i.e., the dose, are
15 readily determined by one of ordinary skill in the art. After incubation the bone marrow cells are washed with medium containing serum and returned to the patient by i.v. infusion according to known methods. In circumstances where the patient receives other treatment such as a course of ablative chemotherapy or total-body irradiation between the time of harvest of the marrow and reinfusion of the treated cells, the treated marrow cells are
20 stored frozen in liquid nitrogen using standard medical equipment.

For clinical *in vivo* use, a therapeutically effective amount of the multispecific antibody or antigen-binding fragment is administered to a subject in need thereof. For example, the BCMA x GPRC5D x CD3-multispecific antibodies and multispecific antigen-binding fragments thereof may be useful in the treatment of a GPRC5D and/or
25 BCMA-expressing cancer in a subject in need thereof. In some embodiments, the GPRC5D and/or BCMA-expressing cancer is a B-cell cancer, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM). In some embodiments, the GPRC5D and/or BCMA -expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. In preferred
30 embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof. In some embodiments, the subject is a mammal, preferably a human. In some embodiments, the

5 multispecific antibody or antigen-binding fragment will be administered as a solution that has been tested for sterility.

Dosage regimens in the above methods of treatment and uses are adjusted to provide the optimum desired response (e.g., a therapeutic response). For example, a single bolus may be administered, several divided doses may be administered over time or the
10 dose may be proportionally reduced or increased as indicated by the exigencies of the therapeutic situation. Parenteral compositions may be formulated in dosage unit form for ease of administration and uniformity of dosage.

The efficient dosages and the dosage regimens for the multispecific antibodies and fragments depend on the disease or condition to be treated and may be determined by one
15 skilled in the art. An exemplary, non-limiting range for a therapeutically effective amount of a compound of the present invention is about 0.001-10 mg/kg, such as about 0.001-5 mg/kg, for example about 0.001-2 mg/kg, such as about 0.001-1 mg/kg, for instance about 0.001, about 0.01, about 0.1, about 1 or about 10 mg/kg.

A physician, pharmacist or veterinarian having ordinary skill in the art may readily
20 determine and prescribe the effective amount of the pharmaceutical composition required. For example, the physician or veterinarian could start doses of the multispecific antibody or fragment employed in the pharmaceutical composition at levels lower than that required in order to achieve the desired therapeutic effect and gradually increase the dosage until the desired effect is achieved. In general, a suitable daily dose of a multispecific antibody of
25 the present invention will be that amount of the compound which is the lowest dose effective to produce a therapeutic effect. Administration may e.g. be parenteral, such as intravenous, intramuscular, intratumoral (e.g., bone marrow) or subcutaneous. In one embodiment, the multispecific antibody or fragment may be administered by infusion in a weekly dosage of calculated by mg/m^2 . Such dosages can, for example, be based on the
30 mg/kg dosages provided above according to the following: dose (mg/kg) $\times$ body weight (e.g., 50 – 100 kg). Such administration may be repeated, e.g., 1 to 8 times, such as 3 to 5 times. The administration may be performed by continuous infusion over a period of from 2 to 24 hr, such as of from 2 to 12 hr. In one embodiment, the multispecific antibody or

5 fragment may be administered by slow continuous infusion over a long period, such as more than 24 hours, in order to reduce toxic side effects.

In one embodiment, the multispecific antibody or fragment may be administered in a weekly dosage of calculated as a fixed dose for up to eight times, such as from four to six times when given once a week. Such regimen may be repeated one or more times as
10 necessary, for example, after six months or twelve months. Such fixed dosages can, for example, be based on the mg/kg dosages provided above, with a body weight estimate of 50 – 100 kg. The dosage may be determined or adjusted by measuring the amount of multispecific antibody of the present invention in the blood upon administration by for instance taking out a biological sample and using anti-idiotypic antibodies which target the
15 GPRC5D and/or BCMA antigen binding arms of the multispecific antibodies of the present invention.

In one embodiment, the multispecific antibody or fragment may be administered by maintenance therapy, such as, e.g., once a week for a period of six months or more.

A multispecific antibody or fragment may also be administered prophylactically in
20 order to reduce the risk of developing cancer, delay the onset of the occurrence of an event in cancer progression, and/or reduce the risk of recurrence when a cancer is in remission.

The multispecific antibodies and fragments thereof as described herein may also be administered in combination therapy, i.e., combined with other therapeutic agents relevant for the disease or condition to be treated. Accordingly, in one embodiment, the antibody-
25 containing medicament is for combination with one or more further therapeutic agent, such as a chemotherapeutic agent an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer (e.g., IL-2 addition), or any combination thereof. In some embodiments, the further therapeutic agent is an anti-CD38 agent, such as an anti-
30 CD38 antibody (e.g., daratumumab). In some embodiments, the further therapeutic agent is an immunomodulatory imide drug (IMiD), such as lenalidomide, and pomalidomide. In some embodiments, the further therapeutic agent is an immune checkpoint inhibitor such as anti-PD-1 and anti-T cell immunoreceptor with Ig and ITIM domains (TIGIT). In some embodiments, the further therapeutic agent is an immune co-stimulating agent, such as

5 agents targeting CD137 (e.g., CD137 costimulatory bispecific antibody). In some embodiments, the other therapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2. Such combined administration may be simultaneous, separate or sequential, in any order. For simultaneous administration the agents may be administered as one composition or as separate compositions, as appropriate.

10 In one embodiment, a method for treating a disorder involving cells expressing GPRC5D and/or BCMA in a subject, which method comprises administration of a therapeutically effective amount of a multispecific antibody or fragment, such as a BCMA x GPRC5D x CD3 multispecific antibody described herein, and radiotherapy to a subject in need thereof is provided. In one embodiment is provided a method for treating or
15 preventing cancer, which method comprises administration of a therapeutically effective amount of a multispecific antibody or fragment, such as a BCMA x GPRC5D x CD3 antibody described herein, and radiotherapy to a subject in need thereof. Radiotherapy may comprise radiation or associated administration of radiopharmaceuticals to a patient is provided. The source of radiation may be either external or internal to the patient being
20 treated (radiation treatment may, for example, be in the form of external beam radiation therapy (EBRT) or brachytherapy (BT)). Radioactive elements that may be used in practicing such methods include, e.g., radium, cesium-137, iridium-192, americium-241, gold-198, cobalt-57, copper-67, technetium-99, iodide-123, iodide-131, actinium-225, and indium-111.

25

Kits

Also provided herein are includes kits, e.g., comprising a described multispecific antibody or antigen-binding fragment thereof and instructions for the use of the antibody or fragments for killing of particular cell types. In preferred embodiments, the multispecific
30 antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment thereof, and more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof. The instructions may include directions for using the multispecific antibody or antigen-binding fragment thereof *in vitro*, *in vivo* or *ex vivo*.

5 Typically, the kit will have a compartment containing the multispecific antibody or antigen-binding fragment thereof. The multispecific antibody or antigen-binding fragment thereof may be in a lyophilized form, liquid form, or other form amendable to being included in a kit. The kit may also contain additional elements needed to practice the method described on the instructions in the kit, such a sterilized solution for reconstituting
10 a lyophilized powder, additional agents for combining with the multispecific antibody or antigen-binding fragment thereof prior to administering to a patient, and tools that aid in administering the multispecific antibody or antigen-binding fragment thereof to a patient.

Diagnostic Uses

15 The multispecific antibodies and fragments described herein may also be used for diagnostic purposes. Thus, also provided are diagnostic compositions comprising a multispecific antibody or fragments as defined herein, and to its use. In preferred embodiments, the multispecific antibody is a BCMA x GPRC5D x CD3-multispecific antibody as described herein, or a multispecific antigen-binding fragment thereof, and
20 more preferably a BCMA x GPRC5D x CD3-trispecific antibody as described herein, or a BCMA x GPRC5D x CD3-trispecific antigen-binding fragment thereof. In one embodiment, the present invention provides a kit for diagnosis of cancer comprising a container comprising a BCMA x GPRC5D x CD3 trispecific antibody, and one or more reagents for detecting binding of the antibody to GPRC5D and/or BCMA. Reagents may
25 include, for example, fluorescent tags, enzymatic tags, or other detectable tags. The reagents may also include secondary or tertiary antibodies or reagents for enzymatic reactions, wherein the enzymatic reactions produce a product that may be visualized. For example, the multispecific antibodies described herein, or antigen-binding fragments thereof, may be labeled with a radiolabel, a fluorescent label, an epitope tag, biotin, a
30 chromophore label, an ECL label, an enzyme, ruthenium, ¹¹¹In-DOTA, ¹¹¹In-diethylenetriaminepentaacetic acid (DTPA), horseradish peroxidase, alkaline phosphatase and beta-galactosidase, or poly-histidine or similar such labels known in the art.

BCMA-Specific Antibodies

5 Described herein are isolated antibodies and antigen-binding fragments specific for BCMA. In some embodiments, the BCMA-specific antibodies and antigen-binding fragments bind human BCMA. The general structure of an BCMA-specific antibody molecule may comprise an antigen binding domain, which includes heavy and light chains, and the Fc domain, which serves a variety of functions, including complement fixation and
10 binding antibody receptors.

In some embodiments are provided a BCMA-specific antibody, or an antigen-binding fragment thereof, comprising a heavy chain comprising a CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 1 (e.g., BCMB519). In some
15 embodiments are provided a BCMA-specific antibody, or an antigen-binding fragment thereof, comprising a heavy chain comprising a CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 1 (e.g., BCMB519) and a light chain comprising a CDR1, a CDR2, and a CDR3 of any one of the antibodies described in Table 1 (e.g., BCMB519).

In some embodiments, the BCMA-specific antibody, or an antigen-binding
20 fragment thereof, comprises a heavy chain CDR1 comprising SEQ ID NO: 20, a heavy chain CDR2 comprising SEQ ID NO: 21, and a heavy chain CDR3 comprising SEQ ID NO: 22. In some embodiments, the BCMA-binding arm comprises a heavy chain CDR1 comprising SEQ ID NO: 20, a heavy chain CDR2 comprising SEQ ID NO: 21, a heavy chain CDR3 comprising SEQ ID NO: 22, a light chain CDR1 comprising SEQ ID NO: 17,
25 a light chain CDR2 comprising SEQ ID NO: 18, and a light chain CDR3 comprising SEQ ID NO: 19. The BCMA-binding arm may comprise human framework sequences. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or identical to, SEQ ID NO: 24. In some embodiments, the BCMA-binding arm comprises a heavy chain variable domain substantially the same as, or
30 identical to, SEQ ID NO: 24 and a light chain variable domain substantially the same as, or identical to, SEQ ID NO: 23. The heavy chain variable domain and light chain variable domain of antibodies discussed in this paragraph are suitable for inclusion in multispecific (e.g., bispecific or trispecific) constructs in which one arm is an anti-BCMA arm.

5 Exemplary trispecific constructs comprising the BCMA-specific antibody, or an antigen-binding fragment thereof, discussed in this paragraph are provided herein.

In some embodiments, the BCMA-specific antibodies and antigen-binding fragments bind human BCMA and cynomolgus monkey BCMA. In some embodiments, the BCMA-specific antibodies and antigen-binding fragments bind human BCMA but not
 10 to cynomolgus monkey BCMA. In some embodiments, the BCMA-specific antibodies and antigen-binding fragments bind to an epitope including one or more residues from the BCMA extracellular domain (ECD). In some embodiments, the BCMA-specific antibody or antigen-binding fragment binds to residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain. Such BCMA-specific antibody or antigen-binding fragment
 15 may bind to BCMA with an affinity of 5×10^{-7} M or less, such as 1×10^{-7} M or less, 5×10^{-8} M or less, 1×10^{-8} M or less, 5×10^{-9} M or less, 1×10^{-9} M, or 5×10^{-10} M or less. In one embodiment, the BCMA-specific antibody or antigen-binding fragment binds to BCMA with an affinity of about 1×10^{-10} M to 1×10^{-9} M. In one embodiment, the BCMA-binding arm binds to the BCMA with an affinity of about 1×10^{-10} M, about 2×10^{-10} M, about 3×10^{-10} M, about 4×10^{-10} M, about 5×10^{-10} M, about 6×10^{-10} M, about 7×10^{-10} M, about 8×10^{-10} M, about 9×10^{-10} M or about 1×10^{-9} M. In one embodiment, the BCMA-specific antibody or antigen-binding fragment binds to BCMA with an affinity of about 8.4×10^{-10} M as determined by a surface plasmon resonance (SPR) assay. In one embodiment, the BCMA-specific antibody or antigen-binding fragment binds to BCMA with an affinity of about 2.1×10^{-10} M as determined by a surface plasmon resonance (SPR) assay.
 25

The IgG class is divided in four isotypes: IgG1, IgG2, IgG3 and IgG4 in humans. They share more than 95% homology in the amino acid sequences of the Fc regions but show major differences in the amino acid composition and structure of the hinge region. The Fc region mediates effector functions, such as antibody-dependent cellular
 30 cytotoxicity (ADCC) and complement-dependent cytotoxicity (CDC). In ADCC, the Fc region of an antibody binds to Fc receptors (FcγRs) on the surface of immune effector cells such as natural killers and macrophages, leading to the phagocytosis or lysis of the targeted cells. In CDC, the antibodies kill the targeted cells by triggering the complement cascade at the cell surface. The antibodies described herein include antibodies with the described

- 5 features of the variable domains in combination with any of the IgG isotypes, including modified versions in which the Fc sequence has been modified to effect different effector functions.

For many applications of therapeutic antibodies, Fc-mediated effector functions are not part of the mechanism of action. These Fc-mediated effector functions can be detrimental and potentially pose a safety risk by causing off-mechanism toxicity. Modifying effector functions can be achieved by engineering the Fc regions to reduce their binding to FcγRs or the complement factors. The binding of IgG to the activating (FcγRI, FcγRIIa, FcγRIIIa and FcγRIIIb) and inhibitory (FcγRIIb) FcγRs or the first component of complement (C1q) depends on residues located in the hinge region and the CH2 domain.

10
15 Mutations have been introduced in IgG1, IgG2 and IgG4 to reduce or silence Fc functionalities. The antibodies described herein may include these modifications.

In one embodiment, the antibody comprises an Fc region with one or more of the following properties: (a) reduced effector function when compared to the parent Fc; (b) reduced affinity to FcγRI, FcγRIIa, FcγRIIb, FcγRIIIb and/or FcγRIIIa, (c) reduced affinity to FcγRI (d) reduced affinity to FcγRIIa (e) reduced affinity to FcγRIIb, (f) reduced affinity to FcγRIIIb or (g) reduced affinity to FcγRIIIa.

20

In some embodiments, the antibodies or antigen-binding fragments are IgG, or derivatives thereof, e.g., IgG1, IgG2, IgG3, and IgG4 isotypes. In some embodiments wherein the antibody has an IgG1 isotype, the antibody contains L234A, L235A, D265S and/or K409R substitutions in its Fc region. In some embodiments wherein the antibody has an IgG4 isotype, the antibody contains K409R, S228P, L234A, and L235A substitutions in its Fc region. The antibodies described herein may include these modifications.

25

In some embodiments the described antibodies may be capable of inhibiting APRIL binding with a IC₅₀ of low nanomolar as measured by ELISA. In some embodiments the described antibodies may be capable of inhibiting BAFF binding with a IC₅₀ of low micromolar as measured by ELISA.

30

In some embodiments the described antibodies bind to BCMA-positive multiple myeloma cell lines.

5 In addition to the described BCMA-specific antibodies and antigen-binding fragments, also provided are polynucleotide sequences capable of encoding the described antibodies and antigen-binding fragments. Vectors comprising the described polynucleotides are also provided, as are cells expressing the BCMA-specific antibodies or antigen-binding fragments provided herein. Also described are cells capable of expressing
10 the disclosed vectors. These cells may be mammalian cells (such as 293 cells, 293F cells, CHO cells), insect cells (such as Sf7 cells), yeast cells, plant cells, or bacteria cells (such as E. coli). The described antibodies may also be produced by hybridoma cells.

The described BCMA-specific antibodies or antigen-binding fragments include all isotypes, IgA, IgD, IgE, IgG and IgM, and synthetic multimers of the four-chain
15 immunoglobulin structure. The described antibodies or antigen-binding fragments also include the IgY isotype generally found in hen or turkey serum and hen or turkey egg yolk.

The BCMA-specific antibodies and antigen-binding fragments may be derived from any species by recombinant means. For example, the antibodies or antigen-binding fragments may be mouse, rat, goat, horse, swine, bovine, chicken, rabbit, camelid, donkey,
20 llama, human, or chimeric versions thereof. For use in administration to humans, non-human derived antibodies or antigen-binding fragments may be genetically or structurally altered to be less antigenic upon administration to a human patient.

In some embodiments, the antibodies or antigen-binding fragments are chimeric. As used herein, the term “chimeric” refers to an antibody, or antigen-binding fragment
25 thereof, having at least some portion of at least one variable domain derived from the antibody amino acid sequence of a non-human mammal, a rodent, or a reptile, while the remaining portions of the antibody, or antigen-binding fragment thereof, are derived from a human.

In some embodiments, the antibodies are humanized antibodies. Humanized
30 antibodies may be chimeric immunoglobulins, immunoglobulin chains or fragments thereof (such as Fv, Fab, Fab', F(ab')₂ or other antigen-binding subsequences of antibodies) that contain minimal sequence derived from non-human immunoglobulin. For the most part, humanized antibodies are human immunoglobulins (recipient antibody) in which residues from a complementary-determining region (CDR) of the recipient are

5 replaced by residues from a CDR of a non-human species (donor antibody) such as mouse, rat or rabbit having the desired specificity, affinity, and capacity. In general, the humanized antibody will comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the CDR regions correspond to those of a non-human immunoglobulin and all or substantially all of the framework regions are
 10 those of a human immunoglobulin sequence. The humanized antibody may include at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin.

The antibodies or antigen-binding fragments described herein can occur in a variety of forms, but will include one or more of the antibody CDRs shown in Table 1 (e.g.,
 15 BCMB519).

Described herein are recombinant antibodies and antigen-binding fragments that bind to BCMA. In some embodiments, the BCMA-specific antibodies or antigen-binding fragments are human IgG, or derivatives thereof. While the BCMA-specific antibodies or antigen-binding fragments exemplified herein are human, the antibodies or antigen-binding
 20 fragments exemplified may be chimerized.

In some embodiments, the antibodies or antigen-binding fragments are IgG, or derivatives thereof, e.g., IgG1, IgG2, IgG3, and IgG4 isotypes. In some embodiments wherein the antibody is of IgG1 isotype, the antibody comprises an IgG1 Fc region (SEQ ID NO: 158).

25 SEQ ID NO: 158
 ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV
 LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKKVEPKSCDKTHTCPPC
 PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEV
 HNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKA
 30 KGQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKT
 PPVLDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK

In some embodiments wherein the antibody is of IgG1 isotype, the antibody comprises L234A, L235A, and D265S substitutions (underlined) in its Fc region (SEQ ID
 35 NO: 159).
 SEQ ID NO: 159

5 ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV
 LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKKVEPKSCDKTHTCPPC
 PAPEAAGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSVSHEDPEVKFNWYVDGVEV
 HNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKA
 KGQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTT
 10 PPVLDSDGSFFLYSKLTVDKSRWQQGNVFCFSVMHEALHNHYTQKSLSLSPGK

In some embodiments wherein the antibody is of IgG4 isotype, the antibody comprises S228P, L234A, and L235A substitutions (underlined) in its Fc region (SEQ ID NO: 160).

15 SEQ ID NO: 160
 ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV
 LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKYGPCCPPCPAP
 EAAGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSVQEDPEVQFNWYVDGVEVHNA
 KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ
 20 PREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVL
 DSDGSFFLYSRLTVDKSRWQEGNVFCFSVMHEALHNHYTQKSLSLSPGK

The BCMA specific antibodies defined by CDR and/or variable domain sequence discussed in the above paragraphs may include these IgG Fc regions.

25 Also disclosed are isolated synthetic polynucleotides that encode the antibodies or antigen-binding fragments that bind to BCMA. The isolated polynucleotides capable of encoding the variable domain segments provided herein may be included on the same, or different, vectors to produce antibodies or antigen-binding fragments.

Polynucleotides encoding recombinant antigen-binding proteins also are within the
 30 scope of the disclosure. In some embodiments, the polynucleotides described (and the peptides they encode) include a leader sequence. Any leader sequence known in the art may be employed. The leader sequence may include, but is not limited to, a restriction site or a translation start site.

The BCMA-specific antibodies or antigen-binding fragments described herein
 35 include variants having single or multiple amino acid substitutions, deletions, or additions that retain the biological properties (e.g., binding affinity or immune effector activity) of the described BCMA-specific antibodies or antigen-binding fragments. In the context of the present invention the following notations are, unless otherwise indicated, used to describe a mutation; i) substitution of an amino acid in a given position is written as e.g.

5 K409R which means a substitution of a Lysine in position 409 with an Arginine; and ii) for specific variants the specific three or one letter codes are used, including the codes Xaa and X to indicate any amino acid residue. Thus, the substitution of Arginine for Lysine in position 409 is designated as: K409R, or the substitution of any amino acid residue for Lysine in position 409 is designated as K409X. In case of deletion of Lysine in position
10 409 it is indicated by K409*. The skilled person may produce variants having single or multiple amino acid substitutions, deletions, or additions.

These variants may include: (a) variants in which one or more amino acid residues are substituted with conservative or nonconservative amino acids, (b) variants in which one or more amino acids are added to or deleted from the polypeptide, (c) variants in which
15 one or more amino acids include a substituent group, and (d) variants in which the polypeptide is fused with another peptide or polypeptide such as a fusion partner, a protein tag or other chemical moiety, that may confer useful properties to the polypeptide, such as, for example, an epitope for an antibody, a polyhistidine sequence, a biotin moiety and the like. Antibodies or antigen-binding fragments described herein may include variants in
20 which amino acid residues from one species are substituted for the corresponding residue in another species, either at the conserved or nonconserved positions. In other embodiments, amino acid residues at nonconserved positions are substituted with conservative or nonconservative residues. The techniques for obtaining these variants, including genetic (deletions, mutations, etc.), chemical, and enzymatic techniques, are
25 known to persons having ordinary skill in the art.

The BCMA-specific antibodies or antigen-binding fragments described herein may embody several antibody isotypes, such as IgM, IgD, IgG, IgA and IgE. In some embodiments the antibody isotype is IgG1, IgG2, IgG3, or IgG4 isotype, preferably IgG1 or IgG4 isotype. Antibody or antigen-binding fragment thereof specificity is largely
30 determined by the amino acid sequence, and arrangement, of the CDRs. Therefore, the CDRs of one isotype may be transferred to another isotype without altering antigen specificity. Alternatively, techniques have been established to cause hybridomas to switch from producing one antibody isotype to another (isotype switching) without altering

5 antigen specificity. Accordingly, such antibody isotypes are within the scope of the described antibodies or antigen-binding fragments.

The BCMA-specific antibodies or antigen-binding fragments described herein may have IC₅₀ values of low nanomolar for APRIL binding. The IC₅₀ of the described BCMA-specific antibodies, or antigen-binding fragments, may be determined by a variety of
10 methods known in the art, such as ELISA-based methods or flow cytometry (FACS). Assays for measuring IC₅₀ by ELISA have plate-bound BCMA in the presence and absence of a BCMA specific antibody and varying concentrations of the APRIL are used. A BCMA antibody that blocks the binding of APRIL to BCMA is to “block APRIL as measured by ELISA.”

15 Also provided are vectors comprising the polynucleotides described herein. The vectors can be expression vectors. Recombinant expression vectors containing a sequence encoding a polypeptide of interest are thus contemplated as within the scope of this disclosure. The expression vector may contain one or more additional sequences such as but not limited to regulatory sequences (e.g., promoter, enhancer), a selection marker, and
20 a polyadenylation signal. Vectors for transforming a wide variety of host cells are well known and include, but are not limited to, plasmids, phagemids, cosmids, baculoviruses, bacmids, bacterial artificial chromosomes (BACs), yeast artificial chromosomes (YACs), as well as other bacterial, yeast and viral vectors.

Recombinant expression vectors within the scope of the description include
25 synthetic, genomic, or cDNA-derived nucleic acid fragments that encode at least one recombinant protein which may be operably linked to suitable regulatory elements. Such regulatory elements may include a transcriptional promoter, sequences encoding suitable mRNA ribosomal binding sites, and sequences that control the termination of transcription and translation. Expression vectors, especially mammalian expression vectors, may also
30 include one or more nontranscribed elements such as an origin of replication, a suitable promoter and enhancer linked to the gene to be expressed, other 5' or 3' flanking nontranscribed sequences, 5' or 3' nontranslated sequences (such as necessary ribosome binding sites), a polyadenylation site, splice donor and acceptor sites, or transcriptional

5 termination sequences. An origin of replication that confers the ability to replicate in a host may also be incorporated.

The transcriptional and translational control sequences in expression vectors to be used in transforming vertebrate cells may be provided by viral sources. Exemplary vectors may be constructed as described by Okayama and Berg, 3 *Mol. Cell. Biol.* 280 (1983).

10 In some embodiments, the antibody- or antigen-binding fragment-coding sequence is placed under control of a powerful constitutive promoter, such as the promoters for the following genes: hypoxanthine phosphoribosyl transferase (HPRT), adenosine deaminase, pyruvate kinase, beta-actin, human myosin, human hemoglobin, human muscle creatine, and others. In addition, many viral promoters function constitutively in eukaryotic cells
15 and are suitable for use with the described embodiments. Such viral promoters include without limitation, Cytomegalovirus (CMV) immediate early promoter, the early and late promoters of SV40, the Mouse Mammary Tumor Virus (MMTV) promoter, the long terminal repeats (LTRs) of Moloney leukemia virus, Human Immunodeficiency Virus (HIV), Epstein Barr Virus (EBV), Rous Sarcoma Virus (RSV), and other retroviruses, and
20 the thymidine kinase promoter of Herpes Simplex Virus. In one embodiment, the BCMA-specific antibody or antigen-binding fragment thereof coding sequence is placed under control of an inducible promoter such as the metallothionein promoter, tetracycline-inducible promoter, doxycycline-inducible promoter, promoters that contain one or more interferon-stimulated response elements (ISRE) such as protein kinase R 2',5'-
25 oligoadenylate synthetases, Mx genes, ADAR1, and the like.

Vectors described herein may contain one or more Internal Ribosome Entry Site(s) (IRES). Inclusion of an IRES sequence into fusion vectors may be beneficial for enhancing expression of some proteins. In some embodiments the vector system will include one or more polyadenylation sites (e.g., SV40), which may be upstream or
30 downstream of any of the aforementioned nucleic acid sequences. Vector components may be contiguously linked, or arranged in a manner that provides optimal spacing for expressing the gene products (i.e., by the introduction of "spacer" nucleotides between the ORFs), or positioned in another way. Regulatory elements, such as the IRES motif, may also be arranged to provide optimal spacing for expression.

5 The vectors may comprise selection markers, which are well known in the art. Selection markers include positive and negative selection markers, for example, antibiotic resistance genes (e.g., neomycin resistance gene, a hygromycin resistance gene, a kanamycin resistance gene, a tetracycline resistance gene, a penicillin resistance gene, a puromycin resistance gene, a blasticidin resistance gene), glutamate synthase genes, HSV-
10 TK, HSV-TK derivatives for ganciclovir selection, or bacterial purine nucleoside phosphorylase gene for 6-methylpurine selection (Gadi et al., 7 *Gene Ther.* 1738-1743 (2000)). A nucleic acid sequence encoding a selection marker or the cloning site may be upstream or downstream of a nucleic acid sequence encoding a polypeptide of interest or cloning site.

15 The vectors described herein may be used to transform various cells with the genes encoding the described antibodies or antigen-binding fragments. For example, the vectors may be used to generate BCMA-specific antibody or antigen-binding fragment-producing cells. Thus, another aspect features host cells transformed with vectors comprising a nucleic acid sequence encoding an antibody or antigen-binding fragment thereof that binds
20 BCMA, such as the antibodies or antigen-binding fragments described and exemplified herein.

 Numerous techniques are known in the art for the introduction of foreign genes into cells and may be used to construct the recombinant cells for purposes of carrying out the described methods, in accordance with the various embodiments described and
25 exemplified herein. The technique used should provide for the stable transfer of the heterologous gene sequence to the host cell, such that the heterologous gene sequence is heritable and expressible by the cell progeny, and so that the necessary development and physiological functions of the recipient cells are not disrupted. Techniques which may be used include but are not limited to chromosome transfer (e.g., cell fusion, chromosome
30 mediated gene transfer, micro cell mediated gene transfer), physical methods (e.g., transfection, spheroplast fusion, microinjection, electroporation, liposome carrier), viral vector transfer (e.g., recombinant DNA viruses, recombinant RNA viruses) and the like (described in Cline, 29 *Pharmac. Ther.* 69-92 (1985)). Calcium phosphate precipitation

5 and polyethylene glycol (PEG)-induced fusion of bacterial protoplasts with mammalian cells may also be used to transform cells.

Cells suitable for use in the expression of the BCMA-specific antibodies or antigen-binding fragments described herein are preferably eukaryotic cells, more preferably cells of plant, rodent, or human origin, for example but not limited to NSO,
10 CHO, CHOK1, perC.6, Tk-ts13, BHK, HEK293 cells, COS-7, T98G, CV-1/EBNA, L cells, C127, 3T3, HeLa, NS1, Sp2/0 myeloma cells, and BHK cell lines, among others. In addition, expression of antibodies may be accomplished using hybridoma cells. Methods for producing hybridomas are well established in the art.

Cells transformed with expression vectors described herein may be selected or
15 screened for recombinant expression of the antibodies or antigen-binding fragments described herein. Recombinant-positive cells are expanded and screened for subclones exhibiting a desired phenotype, such as high level expression, enhanced growth properties, or the ability to yield proteins with desired biochemical characteristics, for example, due to protein modification or altered post-translational modifications. These phenotypes may be
20 due to inherent properties of a given subclone or to mutation. Mutations may be effected through the use of chemicals, UV-wavelength light, radiation, viruses, insertional mutagens, inhibition of DNA mismatch repair, or a combination of such methods.

Methods of using BCMA-specific antibodies for treatment

25 Provided herein are BCMA-specific antibodies or antigen-binding fragments thereof for use in therapy. In particular, these antibodies or antigen-binding fragments may be useful in treating cancer, such as BCMA-expressing cancer, or other BCMA-expressing disorders. Accordingly, the invention provides a method of treating cancer comprising administering an antibody as described herein, such as BCMA-specific antibodies or
30 antigen-binding fragments. For example, the use may be by interfering with BCMA-receptor interactions or where the antibody is conjugated to a toxin, so targeting the toxin to the BCMA-expressing cancer. In some embodiments BCMA-expressing cancer or disorder includes lymphoma, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM), or amyloidosis, plasma cell leukemia and lupus. In some

5 embodiments, the BCMA-expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. The antibodies for use in these methods include those described herein above, for example a BCMA-specific antibody or antigen-binding fragment with the features set out in Table 1 (e.g., BCMB519), for example the CDRs or variable domain sequences, and in the further
10 discussion of these antibodies.

 In some embodiments described herein, immune effector properties of the BCMA-specific antibodies may be enhanced or silenced through Fc modifications by techniques known to those skilled in the art and described herein. For example, Fc effector functions such as C1q binding, complement dependent cytotoxicity (CDC), antibody-dependent cell-
15 mediated cytotoxicity (ADCC), antibody-dependent cell-mediated phagocytosis (ADCP), down regulation of cell surface receptors (e.g., B cell receptor; BCR), etc. may be provided and/or controlled by modifying residues in the Fc responsible for these activities.

 "Antibody-dependent cell-mediated cytotoxicity" or "ADCC" refers to a cell-mediated reaction in which non-specific cytotoxic cells that express Fc receptors (FcRs)
20 (e.g. Natural Killer (NK) cells, neutrophils, and macrophages) recognize bound antibody on a target cell and subsequently cause lysis of the target cell.

 The ability of monoclonal antibodies to induce ADCC can be enhanced by engineering their oligosaccharide component. Human IgG1 or IgG3 are N-glycosylated at Asn297 with the majority of the glycans in the well-known biantennary G0, G0F, G1,
25 G1F, G2 or G2F forms. Antibodies produced by non-engineered CHO cells typically have a glycan fucose content of about at least 85%. The removal of the core fucose from the biantennary complex-type oligosaccharides attached to the Fc regions enhances the ADCC of antibodies via improved FcγRIIIa binding without altering antigen binding or CDC activity. Such mAbs can be achieved using different methods reported to lead to the
30 successful expression of relatively high defucosylated antibodies bearing the biantennary complex-type of Fc oligosaccharides such as control of culture osmolality (Konno et al., Cytotechnology 64:249-65, 2012), application of a variant CHO line Lec13 as the host cell line (Shields et al., J Biol Chem 277:26733-26740, 2002), application of a variant CHO line EB66 as the host cell line (Olivier et al., MAbs; 2(4), 2010; Epub ahead of print;

- 5 PMID:20562582), application of a rat hybridoma cell line YB2/0 as the host cell line (Shinkawa et al., J Biol Chem 278:3466-3473, 2003), introduction of small interfering RNA specifically against the .alpha. 1,6-fucosyltransferase (FUT8) gene (Mori et al., Biotechnol Bioeng 88:901-908, 2004), or coexpression of β -1,4-N-acetylglucosaminyltransferase III and golgi α -mannosidase II or a potent alpha-mannosidase I inhibitor, kifunensine (Ferrara et al., J Biol Chem 281:5032-5036, 2006, Ferrara et al., Biotechnol Bioeng 93:851-861, 2006; Xhou et al., Biotechnol Bioeng 99:652-65, 2008).

In some embodiments described herein, ADCC elicited by the BCMA antibodies may also be enhanced by certain substitutions in the antibody Fc. Exemplary substitutions
15 are for example substitutions at amino acid positions 256, 290, 298, 312, 356, 330, 333, 334, 360, 378 or 430 (residue numbering according to the EU index) as described in U.S. Pat. No. 6,737,056.

Methods of detecting BCMA

- 20 Provided herein are methods for detecting BCMA in a biological sample by contacting the sample with an antibody, or antigen-binding fragment thereof, described herein. As described herein, the sample may be derived from urine, blood, serum, plasma, saliva, ascites, circulating cells, circulating tumor cells, cells that are not tissue associated (*i.e.*, free cells), tissues (*e.g.*, surgically resected tumor tissue, biopsies, including fine
25 needle aspiration), histological preparations, and the like. In some embodiments the described methods include detecting BCMA in a biological sample by contacting the sample with any of the BCMA-specific antibodies or antigen-binding fragments thereof described herein.

- In some embodiments the sample may be contacted with more than one of the
30 BCMA-specific antibodies or antigen-binding fragments described herein. For example, a sample may be contacted with a first BCMA-specific antibody, or antigen-binding fragment thereof, and then contacted with a second BCMA-specific antibody, or antigen-binding fragment thereof, wherein the first antibody or antigen-binding fragment and the second antibody or antigen-binding fragment are not the same antibody or antigen-binding

5 fragment. In some embodiments, the first antibody, or antigen-binding fragment thereof, may be affixed to a surface, such as a multiwell plate, chip, or similar substrate prior to contacting the sample. In other embodiments the first antibody, or antigen-binding fragment thereof, may not be affixed, or attached, to anything at all prior to contacting the sample.

10 The described BCMA-specific antibodies and antigen-binding fragments may be detectably labeled. In some embodiments labeled antibodies and antigen-binding fragments may facilitate the detection BCMA via the methods described herein. Many such labels are readily known to those skilled in the art. For example, suitable labels include, but should not be considered limited to, radiolabels, fluorescent labels, epitope
15 tags, biotin, chromophore labels, ECL labels, or enzymes. More specifically, the described labels include ruthenium, ¹¹¹In-DOTA, ¹¹¹In- diethylenetriaminepentaacetic acid (DTPA), horseradish peroxidase, alkaline phosphatase and beta-galactosidase, poly-histidine (HIS tag), acridine dyes, cyanine dyes, fluorone dyes, oxazin dyes, phenanthridine dyes, rhodamine dyes, Alexafluor® dyes, and the like.

20 The described BCMA-specific antibodies and antigen-binding fragments may be used in a variety of assays to detect BCMA in a biological sample. Some suitable assays include, but should not be considered limited to, western blot analysis, radioimmunoassay, surface plasmon resonance, immunofluorimetry, immunoprecipitation, equilibrium dialysis, immunodiffusion, electrochemiluminescence (ECL) immunoassay,
25 immunohistochemistry, fluorescence-activated cell sorting (FACS) or ELISA assay.

In some embodiments described herein detection of BCMA-expressing cancer cells in a subject may be used to determine that the subject may be treated with a therapeutic agent directed against BCMA.

BCMA is present at detectable levels in blood and serum samples. Thus, provided herein
30 are methods for detecting BCMA in a sample derived from blood, such as a serum sample, by contacting the sample with an antibody, or antigen-binding fragment thereof, that binds BCMA. The blood sample, or a derivative thereof, may be diluted, fractionated, or otherwise processed to yield a sample upon which the described method may be performed. In some embodiments, BCMA may be detected in a blood sample, or a

5 derivative thereof, by any number of assays known in the art, such as, but not limited to, western blot analysis, radioimmunoassay, surface plasmon resonance, immunofluorimetry, immunoprecipitation, equilibrium dialysis, immunodiffusion, electrochemiluminescence (ECL) immunoassay, immunohistochemistry, fluorescence-activated cell sorting (FACS) or ELISA assay. In some embodiments, the methods are *in vitro* methods.

10

Methods for Diagnosing Cancer or Disorder

Provided herein are methods for diagnosing BCMA-expressing cancer or disorder in a subject. In some embodiments BCMA-expressing cancer or disorder include lymphomas, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM), or amyloidosis, plasma cell leukemia, and lupus. In some embodiments, as
15 described above, detecting BCMA in a biological sample, such as a blood sample or a serum sample, provides the ability to diagnose cancer in the subject from whom the sample was obtained. Alternatively, in some embodiments other samples such as a histological sample, a fine needle aspirate sample, resected tumor tissue, circulating cells, circulating
20 tumor cells, and the like, may also be used to assess whether the subject from whom the sample was obtained has cancer. In some embodiments, it may already be known that the subject from whom the sample was obtained has cancer, but the type of cancer afflicting the subject may not yet have been diagnosed or a preliminary diagnosis may be unclear, thus detecting BCMA in a biological sample obtained from the subject can allow for, or
25 clarify, diagnosis of the cancer. For example, a subject may be known to have cancer, but it may not be known, or may be unclear, whether the subject's cancer is BCMA-expressing.

In some embodiments the described methods involve assessing whether a subject is afflicted with BCMA-expressing cancer or disorder by determining the amount of BCMA
30 that is present in a biological sample derived from the subject; and comparing the observed amount of BCMA with the amount of BCMA in a control, or reference, sample, wherein a difference between the amount of BCMA in the sample derived from the subject and the amount of BCMA in the control, or reference, sample is an indication that the subject is afflicted with a BCMA-expressing cancer or disorder. In another embodiment the amount

5 of BCMA observed in a biological sample obtained from a subject may be compared to levels of BCMA known to be associated with certain forms or stages of cancer, to determine the form or stage of the subject's cancer. In some embodiments the amount of BCMA in the sample derived from the subject is assessed by contacting the sample with an antibody, or an antigen-binding fragment thereof, that binds BCMA, such as the BCMA-specific antibodies described herein. The sample assessed for the presence of BCMA may be derived from urine, blood, serum, plasma, saliva, ascites, circulating cells, circulating tumor cells, cells that are not tissue associated (*i.e.*, free cells), tissues (*e.g.*, surgically resected tumor tissue, biopsies, including fine needle aspiration), histological preparations, and the like. In some embodiments BCMA-expressing cancer or disorder includes

10 hematological cancer, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM), or amyloidosis, plasma cell leukemia and lupus. In some embodiments, the BCMA -expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. In some embodiments the subject is a human.

20 In some embodiments the method of diagnosing a BCMA-expressing cancer or disorder will involve: contacting a biological sample of a subject with a BCMA-specific antibody, or an antigen-binding fragment thereof (such as those derivable from the antibodies and fragments provided in Table 1 (*e.g.*, BCMB519)), quantifying the amount of BCMA present in the sample that is bound by the antibody or antigen-binding fragment thereof, comparing the amount of BCMA present in the sample to a known standard or reference sample; and determining whether the subject's BCMA levels fall within the levels of BCMA associated with cancer or disorder. In an additional embodiment, the diagnostic method can be followed with an additional step of administering or prescribing a BCMA specific treatment. In another embodiment, the diagnostic method can be

30 followed with an additional step of transmitting the results of the determination to facilitate treatment of the cancer or disorder. In some embodiments the BCMA specific treatment may be directed against BCMA-expressing cancers or disorders, such as the BCMA x CD3 multispecific antibodies described herein.

5 In some embodiments the described methods involve assessing whether a subject is afflicted with BCMA-expressing cancer or disorder by determining the amount of BCMA present in a blood or serum sample obtained from the subject; and comparing the observed amount of BCMA with the amount of BCMA in a control, or reference, sample, wherein a difference between the amount of BCMA in the sample derived from the subject and the
10 amount of BCMA in the control, or reference, sample is an indication that the subject is afflicted with a BCMA-expressing cancer or disorder.

 In some embodiments the control, or reference, sample may be derived from a subject that is not afflicted with BCMA-expressing cancer or disorder. In some
embodiments the control, or reference, sample may be derived from a subject that is
15 afflicted with BCMA-expressing cancer or disorder. In some embodiments where the control, or reference, sample is derived from a subject that is not afflicted with BCMA-expressing cancer or disorder, an observed increase in the amount of BCMA present in the test sample, relative to that observed for the control or reference sample, is an indication that the subject being assessed is afflicted with BCMA-expressing cancer or disorder. In
20 some embodiments where the control sample is derived from a subject that is not afflicted with BCMA-expressing cancer or disorder, an observed decrease or similarity in the amount of BCMA present in the test sample, relative to that observed for the control or reference sample, is an indication that the subject being assessed is not afflicted with BCMA-expressing cancer or disorder. In some embodiments where the control or
25 reference sample is derived from a subject that is afflicted with BCMA-expressing cancer or disorder, an observed similarity in the amount of BCMA present in the test sample, relative to that observed for the control or reference sample, is an indication that the subject being assessed is afflicted with BCMA-expressing cancer or disorder. In some
embodiments where the control or reference sample is derived from a subject that is
30 afflicted with BCMA-expressing cancer or disorder, an observed decrease in the amount of BCMA present in the test sample, relative to that observed for the control or reference sample, is an indication that the subject being assessed is not afflicted with BCMA-expressing cancer or disorder.

5 In some embodiments the amount of BCMA in the sample derived from the subject is assessed by contacting the sample with an antibody, or an antigen-binding fragment thereof, that binds BCMA, such as the antibodies described herein. The sample assessed for the presence of BCMA may be derived from a blood sample, a serum sample, circulating cells, circulating tumor cells, cells that are not tissue associated (*i.e.*, free cells),
10 tissues (*e.g.*, surgically resected tumor tissue, biopsies, including fine needle aspiration), histological preparations, and the like.

 In various aspects, the amount of BCMA is determined by contacting the sample with an antibody, or antigen-binding fragment thereof, that binds BCMA. In some embodiments, the sample may be contacted by more than one type of antibody, or antigen-
15 binding fragment thereof, that binds BCMA. In some embodiments, the sample may be contacted by a first antibody, or antigen-binding fragment thereof, that binds BCMA and then contacted by a second antibody, or antigen-binding fragment thereof, that binds BCMA. BCMA-specific antibodies or antigen-binding fragments such as those described herein may be used in this capacity.

20 Various combinations of the BCMA-specific antibodies and antigen-binding fragments can be used to provide a “first” and “second” antibody or antigen-binding fragment to carry out the described diagnostic methods. In some embodiments BCMA-expressing cancer or disorder includes lymphomas, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM). In some embodiments, the BCMA-
25 expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma.

 In certain embodiments, the amount of BCMA is determined by western blot analysis, radioimmunoassay, immunofluorimetry, immunoprecipitation, equilibrium dialysis, immunodiffusion, electrochemiluminescence (ECL) immunoassay,
30 immunohistochemistry, fluorescence-activated cell sorting (FACS) or ELISA assay.

 In various embodiments of the described diagnostic methods a control or reference sample is used. This sample may be a positive or negative assay control that ensures the assay used is working properly; for example, an assay control of this nature might be commonly used for immunohistochemistry assays. Alternatively, the sample may be a

5 standardized reference for the amount of BCMA in a biological sample from a healthy subject. In some embodiments, the observed BCMA levels of the tested subject may be compared with BCMA levels observed in samples from subjects known to have BCMA-expressing cancer or disorder. In some embodiments, the control subject may be afflicted with a particular cancer or disorder of interest. In some embodiments, the control subject
10 is known to have early stage cancer, which may or may not be BCMA-expressing cancer. In some embodiments, the control subject is known to have intermediate stage cancer, which may or may not be BCMA-expressing cancer. In some embodiments, the control subject is known to have late stage, which may or may not be BCMA-expressing cancer. In some embodiments, the methods for diagnosing cancer or a disorder are *in vitro*
15 methods.

Methods for Monitoring Cancer or Disorder

Provided herein are methods for monitoring BCMA-expressing cancer or disorder in a subject. In some embodiments BCMA-expressing cancer or disorder includes
20 lymphomas, such as multiple myeloma (MM) including smoldering multiple myeloma (SMM), or amyloidosis, plasma cell leukemia and lupus. In some embodiments, the BCMA-expressing cancer is a relapsed or refractory form of a lymphoma, such as a relapsed or refractory form of multiple myeloma. In some embodiments the described methods involve assessing whether BCMA-expressing cancer or disorder is progressing,
25 regressing, or remaining stable by determining the amount of BCMA that is present in a test sample derived from the subject; and comparing the observed amount of BCMA with the amount of BCMA in a biological sample obtained, in a similar manner, from the subject at an earlier point in time, wherein a difference between the amount of BCMA in the test sample and the earlier sample provides an indication of whether the cancer is
30 progressing, regressing, or remaining stable. In this regard, a test sample with an increased amount of BCMA, relative to the amount observed for the earlier sample, may indicate progression of a BCMA-expressing cancer or disorder. Conversely, a test sample with a decreased amount of BCMA, relative to the amount observed for the earlier sample, may indicate regression of a BCMA-expressing cancer or disorder.

5 Accordingly, a test sample with an insignificant difference in the amount of BCMA, relative to the amount observed for the earlier sample, may indicate a state of stable disease for a BCMA-expressing cancer or disorder. In some embodiments the amount of BCMA in a biological sample derived from the subject is assessed by contacting the sample with an antibody, or an antibody fragment thereof, that binds BCMA, such as
10 the antibodies described herein. The sample assessed for the presence of BCMA may be derived from urine, blood, serum, plasma, saliva, ascites, circulating cells, circulating tumor cells, cells that are not tissue associated (i.e., free cells), tissues (e.g., surgically resected tumor tissue, biopsies, including fine needle aspiration), histological preparations, and the like. In some embodiments the subject is a human.

15 In some embodiments the methods of monitoring a BCMA-expressing cancer or disorder will involve: contacting a biological sample of a subject with a BCMA-specific antibody, or antigen-binding fragment thereof (such as those derivable from the antibodies and fragments provided in Table 1 (e.g., BCMB519)), quantifying the amount of BCMA present in the sample, comparing the amount of BCMA present in the sample to the
20 amount of BCMA determined to be in a biological sample obtained, in a similar manner, from the same subject at an earlier point in time; and determining whether the subject's BCMA level has changed over time. A test sample with an increased amount of BCMA, relative to the amount observed for the earlier sample, may indicate progression of cancer. Conversely, a test sample with a decreased amount of BCMA, relative to the amount
25 observed for the earlier sample, may indicate regression of a BCMA-expressing cancer or disorder. Accordingly, a test sample with an insignificant difference in the amount of BCMA, relative to the amount observed for the earlier sample, may indicate a state of stable disease for a BCMA-expressing cancer or disorder. In some embodiments, the BCMA levels of the sample may be compared to a known standard or a reference sample,
30 alone or in addition to the BCMA levels observed for a sample assessed at an earlier point in time. In an additional embodiment, the diagnostic method can be followed with an additional step of administering a BCMA-specific treatment. In some embodiments the BCMA-specific treatment may be directed against BCMA-expressing cancers or disorders, such as the BCMA x CD3 multispecific antibodies described herein.

5 In various aspects, the amount of BCMA is determined by contacting the sample with an antibody, or antigen-binding fragment thereof, that binds BCMA. In some embodiments, the sample may be contacted by more than one type of antibody, or antigen-binding fragment thereof, that binds BCMA. In some embodiments, the sample may be contacted by a first antibody, or antigen-binding fragment thereof, that binds BCMA and
10 then contacted by a second antibody, or antigen-binding fragment thereof, that binds BCMA. Antibodies such as those described herein may be used in this capacity.

 Various combinations of the antibodies and antigen-binding fragments described in Table 1 can be used to provide a “first” and “second” antibody or antigen-binding fragment to carry out the described monitoring methods. In some embodiments BCMA-expressing
15 cancer or disorder includes a hematological cancer, such as acute myeloid leukemia (AML) or lymphomas (e.g., multiple myeloma (MM), smoldering multiple myeloma (SMM)), or amyloidosis, plasma cell leukemia, and lupus.

 In certain embodiments, the amount of BCMA is determined by western blot analysis, radioimmunoassay, immunofluorimetry, immunoprecipitation, equilibrium
20 dialysis, immunodiffusion, electrochemiluminescence (ECL) immunoassay, immunohistochemistry, fluorescence-activated cell sorting (FACS) or ELISA assay. In some embodiments, the methods are *in vitro* methods.

Kits for Detecting BCMA

25 Provided herein are kits for detecting BCMA in a biological sample. These kits include one or more of the BCMA-specific antibodies described herein, or an antigen-binding fragment thereof, and instructions for use of the kit.

 The provided BCMA-specific antibody, or antigen-binding fragment, may be in solution; lyophilized; affixed to a substrate, carrier, or plate; or detectably labeled.

30 The described kits may also include additional components useful for performing the methods described herein. By way of example, the kits may comprise means for obtaining a sample from a subject, a control or reference sample, *e.g.*, a sample from a subject having slowly progressing cancer and/or a subject not having cancer, one or more

5 sample compartments, and/or instructional material which describes performance of a method of the invention and tissue specific controls or standards.

The means for determining the level of BCMA can further include, for example, buffers or other reagents for use in an assay for determining the level of BCMA. The instructions can be, for example, printed instructions for performing the assay and/or
10 instructions for evaluating the level of expression of BCMA.

The described kits may also include means for isolating a sample from a subject. These means can comprise one or more items of equipment or reagents that can be used to obtain a fluid or tissue from a subject. The means for obtaining a sample from a subject may also comprise means for isolating blood components, such as serum, from a blood
15 sample. Preferably, the kit is designed for use with a human subject.

EMBODIMENTS

The disclosure provided herein also provides the following non-limiting embodiments.

Embodiment 1. A trispecific antibody, or a trispecific binding fragment thereof,
20 comprising:

(a) a first antigen-binding arm comprising a first heavy chain variable domain (VH1) and a first light chain variable domain (VL1);

(b) a second antigen-binding arm comprising a second heavy chain variable domain (VH2) and a second light chain variable domain (VL2);

25 (c) a third antigen-binding arm comprising a third heavy chain variable domain (VH3) and a third light chain variable domain (VL3),

wherein the first antigen-binding arm binds to an epitope on cluster of differentiation 3 (CD3), the second antigen-binding arm binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen-binding
30 arm binds to an epitope on B cell maturation antigen (BCMA).

Embodiment 2. The trispecific antibody or trispecific binding fragment of embodiment 1, wherein the VH1 and VL1 of first antigen-binding arm are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody), optionally a Fab.

- 5 Embodiment 3. The trispecific antibody or trispecific binding fragment of
embodiment 1 or 2, wherein the VH2 and VL2 of the second antigen-binding arm are
present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fv, a Fd, a disulfide stabilized
Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody), optionally a scFv.
- 10 Embodiment 4. The trispecific antibody or trispecific binding fragment of any one
of embodiments 1-3, wherein the VH3 and VL3 of the third antigen-binding arm are
present in an antibody fragment, a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a
disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody),
optionally a scFv.
- 15 Embodiment 5. The trispecific antibody or trispecific binding fragment of any one
of embodiments 1-4, wherein the first antigen-binding arm that binds CD3 comprises a
heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a HCDR3 of
the heavy chain variable domain (VH1) of SEQ ID NO: 8 and a light chain
complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain
variable domain (VL1) of SEQ ID NO: 7.
- 20 Embodiment 6. The trispecific antibody or trispecific binding fragment of any one
of embodiments 1-5, wherein the first antigen-binding arm that binds CD3 comprises a
HCDR1 comprising the amino acid sequence of GDSVFNNNAAWS (SEQ ID NO: 4), a
HCDR2 comprising the amino acid sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a
HCDR3 comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6); and a
25 LCDR1 comprising the amino acid sequence of TGTSSNIGTYKFVS (SEQ ID NO: 1), a
LCDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a LCDR3
comprising the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3).
- 30 Embodiment 7. The trispecific antibody or trispecific binding fragment of any one
of embodiments 1-6, wherein the first antigen-binding arm that binds CD3 comprises the
VH1 of SEQ ID NO: 8 and the VL1 of SEQ ID NO: 7.
- Embodiment 8. The trispecific antibody or trispecific binding fragment of any one
of embodiments 1-7, wherein the second antigen-binding arm that binds GPRC5D
comprises a heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a
HCDR3 of the heavy chain variable domain (VH2) of SEQ ID NO: 16 and a light chain

5 complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain variable domain (VL2) of SEQ ID NO: 15.

Embodiment 9. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-8, wherein the second antigen-binding arm that binds GPRC5D comprises a HCDR1 comprising the amino acid sequence of GFSLTNIRMSVS (SEQ ID NO: 12), HCDR2 comprising the amino acid sequence of HIFSNDEKS (SEQ ID NO: 13), and a HCDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14); and a LCDR1 comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a LCDR2 comprising the amino acid sequence of KISNRFF (SEQ ID NO: 10), and a LCDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO: 11).

15 Embodiment 10. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-9, wherein the second antigen-binding arm that binds GPRC5D comprises the VH2 of SEQ ID NO: 16 and the VL2 of SEQ ID NO: 15.

Embodiment 11. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-10, wherein the third antigen-binding arm that binds BCMA comprises a heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a HCDR3 of the heavy chain variable domain (VH3) of SEQ ID NO: 24 and a light chain complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain variable domain (VL3) of SEQ ID NO: 23.

Embodiment 12. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-11, wherein the third antigen-binding arm that binds BCMA comprises a HCDR1 comprising the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a HCDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a HCDR3 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22); and a LCDR1 comprising the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a LCDR2 comprising the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a LCDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).

Embodiment 13. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-12, wherein the third antigen-binding arm that binds BCMA comprises the VH3 of SEQ ID NO: 24 and the VL3 of SEQ ID NO: 23.

- 5 Embodiment 14. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-4, wherein the first antigen-binding arm that binds CD3 comprises the HCDR1, the HCDR2 and the HCDR3 of the VH1 of SEQ ID NO: 8 and the LCDR1, the LCDR2 and the LCDR3 of the VL1 of SEQ ID NO: 7;
the second antigen-binding arm that binds GPRC5D comprises the HCDR1, the HCDR2
10 and the HCDR3 of the VH2 of SEQ ID NO: 16 and the LCDR1, the LCDR2 and the LCDR3 of the VL2 of SEQ ID NO: 15; and
the third antigen-binding arm that binds BCMA comprises the HCDR1, the HCDR2 and the HCDR3 of the VH3 of SEQ ID NO: 24 and the LCDR1, the LCDR2 and the LCDR3 of the VL3 of SEQ ID NO: 23.
- 15 Embodiment 15. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-4 and 14, wherein the first antigen-binding arm that binds CD3 comprises the HCDR1, the HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 4, 5, 6, 1, 2, 3, respectively;
the second antigen-binding arm that binds GPRC5D comprises the HCDR1, the
20 HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 12, 13, 14, 9, 10 and 11, respectively; and
the third antigen-binding arm that binds BCMA comprises the HCDR1, the HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 20, 21, 22, 17, 18 and 19, respectively.
- 25 Embodiment 16. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-4, 14 and 15, wherein the first antigen-binding arm that binds CD3 comprises the VH1 of SEQ ID NO: 8 and the VL1 of SEQ ID NO: 7;
the second antigen-binding arm that binds GPRC5D comprises the VH2 of SEQ ID NO: 16 and the VL2 of SEQ ID NO: 15; and
30 the third antigen-binding arm that binds BCMA comprises the VH3 of SEQ ID NO: 24 and the VL3 of SEQ ID NO: 23.
- Embodiment 17. The trispecific antibody or trispecific binding fragment thereof of any one of embodiments 1-16, the first antigen-binding arm comprises a Fragment

- 5 crystallizable (Fc) domain, and the second antigen-binding arm or the third antigen-binding arm comprises a Fc domain.
- Embodiment 18. The trispecific antibody or trispecific binding fragment thereof of embodiment 17, wherein the Fc domains comprise one or more mutations which promote heterodimerization of the Fc domains.
- 10 Embodiment 19. The trispecific antibody or trispecific binding fragment of embodiment 18, wherein the mutations are selected from T366S, L368A, T366W and Y407V (EU numbering).
- Embodiment 20. The trispecific antibody or trispecific binding fragment of any one of embodiments 17-19, wherein the Fc domains further comprise one or more mutations
- 15 which reduce Fc binding to a Fc γ receptor.
- Embodiment 21. The trispecific antibody or trispecific binding fragment of embodiment 20, wherein the Fc γ receptor is Fc γ RI, Fc γ RIIA, Fc γ RIIB, Fc γ RIIIA, and/or Fc γ RIIIB.
- Embodiment 22. The trispecific antibody or trispecific binding fragment of
- 20 embodiment 20 or 21, wherein the Fc domains comprise one or more mutations selected from L234A, L235A, and D265S (EU numbering).
- Embodiment 23. The trispecific antibody or trispecific binding fragment of any one of embodiments 17-22, wherein the Fc domains further comprise one or more mutations which reduce Fc binding to protein A.
- 25 Embodiment 24. The trispecific antibody or trispecific binding fragment of embodiment 23, wherein the Fc domain comprises mutations H435R and/or Y436F (EU numbering).
- Embodiment 25. The trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 24, wherein the first antigen-binding arm that specifically binds to
- 30 residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 161)) of the CD3 ϵ chain.
- Embodiment 26. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-25, wherein the first antigen-binding arm that specifically binds to CD3 with an affinity of about 1×10^{-8} to 1×10^{-7} M.

5 Embodiment 27. The trispecific antibody or trispecific binding fragment of embodiment 26, wherein the first antigen-binding arm that specifically binds to CD3 with an affinity of about 2×10^{-8} to 4×10^{-8} M.

Embodiment 28. The trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 27, wherein the third antigen-binding arm specifically binds residues 10 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.

Embodiment 29. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-28, wherein the third antigen-binding arm specifically binds to BCMA with an affinity of about 1×10^{-10} to 1×10^{-7} M.

Embodiment 30. The trispecific antibody or trispecific binding fragment of
15 embodiment 29, wherein the third antigen-binding arm specifically binds to BCMA with
an affinity of about 2×10^{-10} to 9×10^{-10} M.

Embodiment 31. A trispecific antibody, or a trispecific binding fragment, comprising a first antigen-binding arm that binds to an epitope on cluster of differentiation 3 (CD3), a second antigen-binding arm that binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen-binding arm that binds to an epitope on B cell maturation antigen (BCMA),

wherein the first antigen-binding arm comprises a heavy chain (HC1) polypeptide and a light chain (LC) polypeptide; and

wherein the trispecific antibody, or a trispecific binding fragment thereof,
25 comprises a single polypeptide comprising the second antigen-binding arm and the third
antigen-binding arm.

Embodiment 32. The trispecific antibody or trispecific binding fragment of embodiment 31, wherein the HC1 of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 26.

30 Embodiment 33. The trisppecific antibody or trisppecific binding fragment of
embodiment 32, wherein the LC of the first antigen-binding arm comprises the amino acid
sequence of SEQ ID NO: 27.

5 Embodiment 34. The trispecific antibody or trispecific binding fragment of
embodiment 32 or 33, wherein the polypeptide comprising the second antigen-binding arm
and the third antigen-binding arm comprises an amino acid sequence of SEQ ID NO: 28.

Embodiment 35. The trispecific antibody or trispecific binding fragment of embodiment 31, wherein the first antigen-binding arm comprises an HC1 comprising the amino acid sequence of SEQ ID NO: 26, and a LC comprising the amino acid sequence of SEQ ID NO: 27, and the polypeptide comprising the second antigen-binding arm and the third antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 28.

Embodiment 36. A trispecific antibody, or a trispecific binding fragment, comprising a first antigen-binding arm that binds to an epitope on cluster of differentiation 3 (CD3), a second antigen-binding arm that binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen-binding arm that binds to an epitope on B cell maturation antigen (BCMA),

wherein the first antigen-binding arm comprises a heavy chain (HC1) polypeptide and a light chain (LC) polypeptide, wherein the heavy chain (HC1) polypeptide further
20 comprises the second antigen-binding arm,

wherein the trispecific antibody, or a trispecific binding fragment thereof, further comprises a single polypeptide comprising the third antigen-binding arm.

Embodiment 37. The trispecific antibody or trispecific binding fragment of
embodiment 36, wherein the HC1 of the first antigen-binding arm comprises the amino
25 acid sequence of SEQ ID NO: 29.

Embodiment 38. The trispecific antibody or trispecific binding fragment of embodiment 36 or 37, wherein the LC of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 30.

Embodiment 39. The trispecific antibody or trispecific binding fragment of any one
30 of embodiments 36-38, wherein the single polypeptide comprising the third antigen-
binding arm comprises an amino acid sequence of SEQ ID NO: 31.

Embodiment 40. The trispecific antibody or trispecific binding fragment of embodiment 36, wherein the first antigen-binding arm comprises an HC1 comprising the amino acid sequence of SEQ ID NO: 29, and a LC comprising the amino acid sequence of

- 5 SEQ ID NO: 30, and the single polypeptide comprising the third antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 31.
- Embodiment 41. The trispecific antibody or trispecific binding fragment of any one of embodiments 1-40, wherein the antibody or antigen-binding fragment thereof is an IgG1, IgG2, IgG3, or IgG4 isotype.
- 10 Embodiment 42. The trispecific antibody or trispecific binding fragment of any of embodiments 1-41, wherein the antibody or antigen-binding fragment thereof is an IgG1 isotype.
- Embodiment 43. A synthetic polynucleotide encoding the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42.
- 15 Embodiment 44. A pharmaceutical composition comprising the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42 and a pharmaceutically acceptable carrier.
- Embodiment 45. The pharmaceutical composition of embodiment 44, wherein the pharmaceutical composition further comprises a second therapeutic agent.
- 20 Embodiment 46. The pharmaceutical composition of embodiment 45, wherein the second therapeutic agent comprises an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof
- Embodiment 47. A cell expressing the trispecific antibody or trispecific binding
- 25 fragment of any one of embodiments 1 to 42.
- Embodiment 48. The cell of embodiment 47 wherein the cell is a hybridoma.
- Embodiment 49. The cell of embodiment 47 wherein the trispecific antibody is recombinantly produced.
- Embodiment 50. A method for treating cancer in a subject in need thereof, said
- 30 method comprising administering to the subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42 or the pharmaceutical composition of any one of embodiments 43-46.

- 5 Embodiment 51. The method of embodiment 50, wherein the trispecific antibody or trispecific binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.
- Embodiment 52. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the trispecific
- 10 antibody or trispecific binding fragment of any one of embodiments 1 to 42 or the pharmaceutical composition of any one of embodiments 43-46, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.
- Embodiment 53. The method of embodiment 52, wherein said cancer cell is in a subject and the trispecific antibody or trispecific binding fragment or the pharmaceutical
- 15 composition is administered to the subject.
- Embodiment 54. The method of embodiment 52, wherein said administration is conducted *ex vivo*.
- Embodiment 55. A method of redirecting a T cell to BCMA and/or GPRC5D-expressing cancer cells in a subject in need thereof, said method comprising administering
- 20 to said subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42 or the pharmaceutical composition of any one of embodiments 43-46.
- Embodiment 56. The method of embodiment 55, wherein the said therapeutically effective amount is sufficient to direct said T cell response to said cancer cells.
- 25 Embodiment 57. The method of any one of embodiments 50-56, wherein the cancer is a hematological cancer.
- Embodiment 58. The method of embodiment 57 wherein the hematological cancer is a BCMA and/or GPRC5D -expressing B cell cancer.
- Embodiment 59. The method of embodiment 58 wherein the BCMA and/or GPRC5D
- 30 -expressing B cell cancer is multiple myeloma.
- Embodiment 60. The method of embodiment 59 wherein the BCMA and/or GPRC5D -expressing B cell cancer is smoldering multiple myeloma (SMM).
- Embodiment 61. The method of any one of embodiments 50-60, wherein the cancer is relapsed, refractory, or malignant cancer, or any combination thereof.

- 5 Embodiment 62. The method of any one of embodiments 50-51, 53, and 55-61, wherein the subject has received a prior treatment.
- Embodiment 63. The method of embodiment 62, the prior treatment comprises a proteasome inhibitor, an immunomodulatory drug, a CD38 antibody, a bispecific agent, a CAR-T therapy, or a combination thereof.
- 10 Embodiment 64. The method of any one of embodiments 50-63 further comprising administering a second therapeutic agent.
- Embodiment 65. The method of embodiment 64 wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.
- Embodiment 66. The method of embodiment 65 wherein the chemotherapeutic agent
- 15 is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
- Embodiment 67. The method of embodiment 64 wherein the second therapeutic agent is an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.
- 20 Embodiment 68. The method of any one of embodiments 50-51, 53, and 55-67, wherein the trispecific antibody or trispecific binding fragment, or the pharmaceutical composition is administered intravenously, intramuscularly, intraperitoneally, and/or subcutaneously to the subject.
- Embodiment 69. The method of any one of embodiments 50-51, 53, and 55-68,
- 25 wherein the trispecific antibody or trispecific binding fragment, or the pharmaceutical composition is administered subcutaneously to the subject.
- Embodiment 70. A method for generating the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42, wherein said method comprises culturing the cell of any one of embodiments 47 to 49 and isolating said trispecific
- 30 antibody or trispecific binding fragment.
- Embodiment 71. A kit comprising (i) the trispecific antibody or trispecific binding fragment of any one of embodiments 1 to 42 and/or a polynucleotide of embodiment 43 and (ii) packaging for the same.

- 5 Embodiment 72. An antibody, or an antigen-binding fragment thereof, that binds to BCMA, comprising: a heavy chain complementarity determining region 1 (CDR1) having the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 having the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a heavy chain CDR3 having the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22).
- 10 Embodiment 73. The antibody or antigen-binding fragment of embodiment 72, further comprising: a light chain complementarity determining region 1 (CDR1) having the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain CDR2 having the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 having the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).
- 15 Embodiment 74. The antibody or antigen-binding fragment of embodiment 72 or 73, comprising a heavy chain variable domain (VH) having the amino acid sequence of SEQ ID NO: 24.
- Embodiment 75. The antibody or antigen-binding fragment of any one of embodiments 72-74, comprising a light chain variable domain (VL) having the amino acid
- 20 sequence of SEQ ID NO: 23.
- Embodiment 76. The antibody or antigen-binding fragment of any one of embodiments 72-75, wherein the antibody or antigen-binding fragment specifically binds residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.
- Embodiment 77. The antibody or antigen-binding fragment of any one of
- 25 embodiments 72-76, wherein the antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about 1×10^{-10} to 1×10^{-7} M.
- Embodiment 78. The antibody or antigen-binding fragment of embodiment 77, wherein the antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about 2×10^{-10} to 9×10^{-10} M.
- 30 Embodiment 79. The antibody or antigen-binding fragment of any one of embodiments 72-78 wherein the antibody or antigen-binding fragment is a human antibody or antigen-binding fragment.
- Embodiment 80. The antibody or antigen-binding fragment of any one of embodiments 72-79 wherein the antibody or antigen-binding fragment is recombinant.

- 5 Embodiment 81. The antigen binding fragment of any one of embodiments 72 to 80 wherein the antigen binding fragment is a Fab fragment, a Fab2 fragment, or a single chain antibody.
- Embodiment 82. The antibody or antigen-binding fragment of any one of embodiments 72-81 wherein the antibody or antigen-binding fragment thereof is an IgG1, 10 IgG2, IgG3, or IgG4 isotype.
- Embodiment 83. The antibody or antigen-binding fragment of any of embodiments 72-82, wherein the antibody or antigen-binding fragment thereof is an IgG1 or an IgG4 isotype.
- Embodiment 84. A pharmaceutical composition comprising the antibody or antigen- 15 binding fragment of any one of embodiments 72-83 and a pharmaceutically acceptable carrier.
- Embodiment 85. The pharmaceutical composition of embodiment 84, wherein the pharmaceutical composition further comprises a second therapeutic agent.
- Embodiment 86. The pharmaceutical composition of embodiment 85, wherein the 20 second therapeutic agent comprises an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.
- Embodiment 87. A cell expressing the antibody or antigen-binding fragment of any one of embodiments 72-83.
- 25 Embodiment 88. The cell of embodiment 87 wherein the cell is a hybridoma.
- Embodiment 89. The cell of embodiment 87 wherein the antibody is recombinantly produced.
- Embodiment 90. A method for treating cancer in a subject in need thereof, said method comprising administering to the subject a therapeutically effective amount of the 30 antibody or antigen-binding fragment of any one of embodiments 72-83 or the pharmaceutical composition of any one of embodiments 84-86.
- Embodiment 91. The method of embodiment 90, wherein the antibody or antigen-binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.

- 5 Embodiment 92. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the antibody or antigen-binding fragment of any one of embodiments 72-83 or the pharmaceutical composition of any one of embodiments 84-86, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.
- 10 Embodiment 93. The method of embodiment 92, wherein said cancer cell is in a subject and the antibody or antigen-binding fragment or the pharmaceutical composition is administered to the subject.
- Embodiment 94. The method of embodiment 92, wherein said administration is conducted *ex vivo*.
- 15 Embodiment 95. The method of any one of embodiments 90-94 wherein the cancer is a hematological cancer.
- Embodiment 96. The method of embodiment 95 wherein the hematological cancer is a BCMA-expressing B cell cancer.
- Embodiment 97. The method of embodiment 96 wherein the BCMA-expressing B
- 20 cell cancer is multiple myeloma.
- Embodiment 98. The method of embodiment 97 wherein the BCMA-expressing B cell cancer is smoldering multiple myeloma (SMM).
- Embodiment 99. The method of any one of embodiments 90-98, wherein the cancer is relapsed, refractory, or malignant cancer, or any combination thereof.
- 25 Embodiment 100. The method of any one of embodiments 90-91, 93, and 95-99, wherein the subject has received a prior treatment.
- Embodiment 101. The method of embodiment 100, the prior treatment comprises a proteasome inhibitor, an immunomodulatory drug, a CD38 antibody, a bispecific agent, a CAR-T therapy, or a combination thereof.
- 30 Embodiment 102. The method of any one of embodiments 90-101 further comprising administering a second therapeutic agent.
- Embodiment 103. The method of embodiment 102 wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.

- 5 Embodiment 104. The method of embodiment 103 wherein the chemotherapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
- Embodiment 105. The method of embodiment 104 wherein the second therapeutic agent is an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-
- 10 cell enhancer, or any combination thereof.
- Embodiment 106. The method of any one of embodiments 90-91, 93, and 95-105, wherein the antibody or antigen-binding fragment or the pharmaceutical composition is administered intravenously, intramuscularly, intraperitoneally, and/or subcutaneously to the subject.
- 15 Embodiment 107. The method of any one of embodiments 90-91, 93, and 95-106, wherein the antibody or antigen-binding fragment, or the pharmaceutical composition is administered subcutaneously to the subject.
- Embodiment 108. A method for generating the antibody or antigen-binding fragment of any one of embodiments 72-83, wherein said method comprises culturing the cell of any
- 20 one of embodiments 87 to 89 and isolating said antibody or antigen-binding fragment.
- Embodiment 109. A synthetic polynucleotide encoding the antibody or antigen-binding fragment of any one of embodiments 72-83.
- Embodiment 110. A kit comprising (i) the antibody or antigen-binding fragment of any one of embodiments 72-83 and/or a polynucleotide of embodiment 109 and (ii) packaging
- 25 for the same.
- Embodiment 111. A trispecific antibody, or a trispecific binding fragment thereof, comprising:
- a) a first heavy chain portion (HC1) comprising a first heavy chain variable domain (VH);
- 30 b) a light chain portion (LC) comprising a light chain variable domain (VL); and
- c) a second heavy chain portion (HC2) comprising a second VH domain,
- wherein
- (i) the HC1 VH and the LC VL domains form a first antigen-binding site that binds a first antigen,

- 5 (ii) the HC2 VH domain forms a second antigen-binding site that binds a second antigen,
(iii) the HC1 or the HC2 further comprise a third VH domain forming a third antigen-binding
site that binds a third antigen,
(iv) the HC1 and HC2 each optionally comprise a Fragment crystallizable (Fc) domain
comprising a CH2-CH3 domain; and
- 10 wherein the first antigen is cluster of differentiation 3 (CD3), and
(v) the second antigen is B cell maturation antigen (BCMA), and the third antigen is G-
protein coupled receptor family C group 5 member D (GPRC5D); or
(vi) the second antigen is G-protein coupled receptor family C group 5 member D
(GPRC5D), and the third antigen is B cell maturation antigen (BCMA).
- 15 Embodiment 112. The trispecific antibody or trispecific binding fragment of
embodiment 111, wherein the HC2 comprises the third VH domain forming the third
antigen-binding site that binds the third antigen.
- Embodiment 113. The trispecific antibody or trispecific binding fragment of
embodiment 112, wherein the HC2 comprises, from N to C-terminus, the second VH domain
20 forming the second antigen-binding site, the Fc domain, a first linker (L1), and the third VH
domain forming the third antigen-binding site.
- Embodiment 114. The trispecific antibody or trispecific binding fragment of any one
of embodiments 111-113, wherein the HC2 comprises the second VH domain forming the
second antigen-binding site that binds GPRC5D, and the HC2 further comprises the third
25 VH domain forming the third antigen-binding site that binds BCMA.
- Embodiment 115. The trispecific antibody or trispecific binding fragment of
embodiment 111, wherein the HC1 comprises the third VH domain forming the third
antigen-binding site that binds the third antigen.
- Embodiment 116. The trispecific antibody or trispecific binding fragment of
30 embodiment 115, wherein the HC1 comprises, from N to C-terminus, a the first VH forming
the first antigen-binding site, a CH1 domain, the Fc domain, a first linker (L1), and the third
VH domain forming the third antigen-binding site.
- Embodiment 117. The trispecific antibody or trispecific binding fragment of any one
of embodiments 111, 115, and 116, wherein the HC2 comprises the second VH domain

- 5 forming the second antigen-binding site that binds BCMA, and the HC1 further comprises the third VH domain forming the third antigen-binding site that binds GPRC5D.
- Embodiment 118. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-117, wherein the HC1 VH and LC VL form the first antigen-binding site comprises an antigen-binding fragment (Fab) comprising the first antigen-binding site.
- 10 Embodiment 119. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-118, wherein the HC2 VH forms a single-chain variable fragment (scFv) comprising the second antigen-binding site.
- Embodiment 120. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-119, wherein the third VH forms a single-chain variable fragment
- 15 (scFv) comprising the third antigen-binding site.
- Embodiment 121. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-120, wherein the Fc domains of HC1 and HC2 comprise one or more different mutations which promote heterodimerization.
- Embodiment 122. The trispecific antibody or trispecific binding fragment of
- 20 embodiment 121, wherein the Fc domain of the HC1 comprise mutations T366S, L368A and Y407V (EU numbering) and the Fc domain of the HC2 comprises mutation T366W (EU numbering).
- Embodiment 123. The trispecific antibody or trispecific binding fragment of embodiment 121, wherein the Fc domain of the HC2 comprise mutations T366S, L368A and
- 25 Y407V (EU numbering) and the Fc domain of the HC1 comprises mutation T366W (EU numbering).
- Embodiment 124. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-123, wherein the Fc domains of HC1 and/or HC2 further comprise one or more mutations which reduce Fc binding to a Fc γ receptor.
- 30 Embodiment 125. The trispecific antibody or trispecific binding fragment of embodiment 124, wherein the Fc γ receptor is Fc γ RI, Fc γ RIIA, Fc γ RIIB, Fc γ RIIIA, and/or Fc γ RIIIB.

- 5 Embodiment 126. The trispecific antibody or trispecific binding fragment of
embodiment 124 or 125, wherein the Fc domains of HC1 and/or HC2 each comprise one or
more mutations selected from L234A, L235A, and D265S (EU numbering).
- Embodiment 127. The trispecific antibody or trispecific binding fragment of
embodiment 126, wherein the Fc domains of HC1 and HC2 each comprise mutations L234A,
10 L235A, and D265S (EU numbering).
- Embodiment 128. The trispecific antibody or trispecific binding fragment of any one
of embodiments 111-127, wherein the Fc domains of HC1 or HC2 further comprise one or
more mutations which reduce Fc binding to protein A.
- Embodiment 129. The trispecific antibody or trispecific binding fragment of
15 embodiment 128, wherein the Fc domains of HC1 or HC2 comprises mutations H435R
and/or Y436F (EU numbering).
- Embodiment 130. The trispecific antibody or trispecific binding fragment of
embodiment 129, wherein the Fc domain of HC1 comprises mutations H435R and Y436F
(EU numbering).
- 20 Embodiment 131. The trispecific antibody or trispecific binding fragment of any one
of embodiments 113-114 and 116-130, wherein the first linker (L1) comprises any one of
the amino acid sequences of SEQ ID NOs: 25, 127-157, and 163.
- Embodiment 132. The trispecific antibody or trispecific binding fragment of any one
of embodiments 131, wherein the first linker (L1) comprises the amino acid sequence of
25 GGSEKSSGSGSESKSTGGS (SEQ ID NO: 25) or GGGGSGGGGSGGGGSGGGGS
((G4S)₄, SEQ ID NO: 163).
- Embodiment 133. The trispecific antibody or trispecific binding fragment of any one
of embodiments 111-132, wherein the first antigen-binding site that binds CD3 comprises:
a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid
30 sequence of GDSVFNNNAAWS (SEQ ID NO: 4), a heavy chain CDR2 comprising the
amino acid sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a heavy chain CDR3
comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6).
- Embodiment 134. The trispecific antibody or trispecific binding fragment of any one
of embodiments 111-133, wherein the first antigen-binding site that binds CD3 comprises:

5 a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of TGTSSNIGTYKFVS (SEQ ID NO: 1), a light chain CDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a light chain CDR3 comprising the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3).

Embodiment 135. The trispecific antibody or trispecific binding fragment of any one
10 of embodiments 111-134, wherein the first antigen-binding site that binds CD3 comprises a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO: 8.

Embodiment 136. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-135, wherein the first antigen-binding site that binds CD3 comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 7.

15 Embodiment 137. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-136, wherein the second or third antigen-binding site that binds GPRC5D comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GFSLTNIRMSVS (SEQ ID NO: 12), a heavy chain CDR2 comprising the amino acid sequence of HIFSNDKES (SEQ ID NO: 13), and a heavy
20 chain CDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14).

Embodiment 138. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-137, wherein the second or third antigen-binding site that binds GPRC5D comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a light
25 chain CDR2 comprising the amino acid sequence of KISNRFF (SEQ ID NO: 10), and a light chain CDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO: 11).

Embodiment 139. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-138, wherein the second or third antigen-binding site that binds GPRC5D comprises a heavy chain variable domain (VH) comprising the amino acid
30 sequence of SEQ ID NO: 16.

Embodiment 140. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-139, wherein the second or third antigen-binding site that binds GPRC5D comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 15.

- 5 Embodiment 141. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-140, wherein the second or third antigen-binding site that binds BCMA comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a heavy chain CDR3
10 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22).
- Embodiment 142. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-141, wherein the second or third antigen-binding site that binds BCMA comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain CDR2 comprising
15 the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).
- Embodiment 143. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-142, wherein the second or third antigen-binding site that binds BCMA comprises a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ
20 ID NO: 24.
- Embodiment 144. The trispecific antibody or trispecific binding fragment of any one of embodiments 111-143, wherein the second or third antigen-binding site that binds BCMA comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 23.
- 25 Embodiment 145. The trispecific antibody or trispecific binding fragment of any one of embodiments 119-144, wherein the scFv comprises, from the N- to C-terminus, a VH, a second linker (L2) and a VL (VH-L2-VL); or the VL, the L2 and the VH (VL-L2-VH).
- Embodiment 146. The trispecific antibody or trispecific binding fragment of any one of embodiments 119-145, wherein the scFv comprises, from the N- to C-terminus, the VL,
30 the L2 and the VH (VL-L2-VH).
- Embodiment 147. The trispecific antibody or trispecific binding fragment of embodiment 145 or 146, wherein the second linker (L2) comprises any one of the amino acid sequences of SEQ ID NOs: 25, 127-157, and 163.

- 5 Embodiment 148. The trispecific antibody or trispecific binding fragment of any one of embodiments 145-147, wherein the L2 comprises an amino acid sequence of GGSEGGKSSGSGSESKSTGGS (SEQ ID NO: 25).
- Embodiment 149. The antibody or antigen-binding fragment of any one of embodiments 111 to 148, wherein the first antigen-binding site that specifically binds to
10 residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 161)) of the CD3 ϵ chain.
- Embodiment 150. The antibody or antigen-binding fragment of any one of embodiments 111-149, wherein the first antigen-binding site that specifically binds to CD3 with an affinity of about 1×10^{-8} to 1×10^{-7} M.
- Embodiment 151. The antibody or antigen-binding fragment of embodiment 150,
15 wherein the first antigen-binding site that specifically binds to CD3 with an affinity of about 2×10^{-8} to 4×10^{-8} M.
- Embodiment 152. The antibody or antigen-binding fragment of any one of embodiments 111 to 151, wherein the second or third antigen-binding site specifically binds residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.
- 20 Embodiment 153. The antibody or antigen-binding fragment of embodiment 152, wherein the second or third antigen-binding site specifically binds to BCMA with an affinity of about 1×10^{-10} to 1×10^{-7} M.
- Embodiment 154. The antibody or antigen-binding fragment of embodiment 153,
25 wherein the second or third antigen-binding site specifically binds to BCMA with an affinity of about 2×10^{-10} to 9×10^{-10} M.
- Embodiment 155. The antibody or antigen-binding fragment of any one of embodiments 111 to 154, wherein the antibody or antigen-binding fragment thereof is an IgG1, IgG2, IgG3, or IgG4 isotype.
- Embodiment 156. The antibody or antigen-binding fragment of any of embodiments
30 111 to 155 wherein the antibody or antigen-binding fragment thereof is an IgG1 isotype.
- Embodiment 157. The trispecific antibody or trispecific binding fragment of embodiment 111, wherein the HC1 comprises the amino acid sequence of SEQ ID NO: 26.

5 Embodiment 158. The trispecific antibody or trispecific binding fragment of
embodiment 111 or 157, wherein the LC comprises the amino acid sequence of SEQ ID NO:
27.

Embodiment 159. The trispecific antibody or trispecific binding fragment of
embodiment 111, 157 or 158, wherein the HC2 comprises the amino acid sequence of SEQ
10 ID NO: 28.

Embodiment 160. The trispecific antibody or trispecific binding fragment of
embodiment 111, wherein the HC1 comprises the amino acid sequence of SEQ ID NO: 29.

Embodiment 161. The trispecific antibody or trispecific binding fragment of
embodiment 111 or 160, wherein the LC comprises the amino acid sequence of SEQ ID NO:
15 30.

Embodiment 162. The trispecific antibody or trispecific binding fragment of
embodiment 111, 160 or 161, wherein the HC2 comprises the amino acid sequence of SEQ
ID NO: 31.

The invention can also be defined by the following numbered clauses.

20 Clause 1. A trispecific antibody, or a trispecific binding fragment thereof,
comprising:

- a) a first heavy chain (HC1);
- b) a light chain (LC); and
- c) a second heavy chain (HC2),

25 wherein

(i) the HC1 and the LC form a first antigen-binding site that specifically binds a first
antigen,

(ii) the HC2 comprises a second antigen-binding site that specifically binds a second
antigen,

30 (iii) the HC1 or the HC2 further comprises a third antigen-binding site that specifically
binds a third antigen,

(iv) the HC1 and HC2 each comprise a Fragment crystallizable (Fc) domain comprising a
CH2-CH3 domain; and

wherein the first antigen is cluster of differentiation 3 (CD3), and

- 5 (v) the second antigen is B cell maturation antigen (BCMA), and the third antigen is G-protein coupled receptor family C group 5 member D (GPRC5D); or
(vi) the second antigen is G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen is B cell maturation antigen (BCMA).
- Clause 2. The trispecific antibody or trispecific binding fragment of clause 1,
10 wherein the HC2 comprises the third antigen-binding site that specifically binds the third antigen.
- Clause 3. The trispecific antibody or trispecific binding fragment of clause 2,
wherein the HC2 comprises, from N to C-terminus, the second antigen-binding site, the Fc domain, a linker, and the third antigen-binding site.
- 15 Clause 4. The trispecific antibody or trispecific binding fragment of any one of clauses 1-3, wherein the HC2 comprises a second antigen-binding site that specifically binds GPRC5D, and the HC2 further comprises a third antigen-binding site that specifically binds BCMA.
- Clause 5. The trispecific antibody or trispecific binding fragment of clause 1,
20 wherein the HC1 comprises the third antigen-binding site that specifically binds the third antigen.
- Clause 6. The trispecific antibody or trispecific binding fragment of clause 5,
wherein the HC1 comprises, from N to C-terminus, a heavy chain variable domain (VH) associated with the first antigen-binding site, a CH1 domain, the Fc domain, a linker, and
25 the third antigen-binding site.
- Clause 7. The trispecific antibody or trispecific binding fragment of any one of clauses 1, 5, and 6, wherein the HC2 comprises a second antigen-binding site that specifically binds BCMA, and the HC1 further comprises a third antigen-binding site that specifically binds GPRC5D.
- 30 Clause 8. The trispecific antibody or trispecific binding fragment of any one of clauses 1-7, wherein the first antigen-binding site comprises an antigen-binding fragment (Fab).

- 5 Clause 9. The trispecific antibody or trispecific binding fragment of any one of clauses 1-8, wherein the second antigen-binding site comprises a single-chain variable fragment (scFv).
- Clause 10. The trispecific antibody or trispecific binding fragment of any one of clauses 1-9, wherein the third antigen-binding site comprises a single-chain variable
10 fragment (scFv).
- Clause 11. The trispecific antibody or trispecific binding fragment of any one of clauses 1-10, wherein the Fc domains of HC1 and HC2 comprise one or more different mutations which promote heterodimerization.
- Clause 12. The trispecific antibody or trispecific binding fragment of clause 11,
15 wherein the Fc domain of the HC1 comprise mutations T366S, L368A and Y407V (EU numbering) and the Fc domain of the HC2 comprises mutation T366W (EU numbering).
- Clause 13. The trispecific antibody or trispecific binding fragment of clause 11, wherein the Fc domain of the HC2 comprise mutations T366S, L368A and Y407V (EU numbering) and the Fc domain of the HC1 comprises mutation T366W (EU numbering).
- 20 Clause 14. The trispecific antibody or trispecific binding fragment of any one of clauses 1-13, wherein the Fc domains of HC1 and/or HC2 further comprise one or more mutations which reduce Fc binding to a Fcγ receptor.
- Clause 15. The trispecific antibody or trispecific binding fragment of clause 14, wherein the Fcγ receptor is FcγRI, FcγRIIA, FcγRIIB, FcγRIIIA, and/or FcγRIIIB.
- 25 Clause 16. The trispecific antibody or trispecific binding fragment of clause 14 or 15, wherein the Fc domains of HC1 and/or HC2 each comprise one or more mutations selected from L234A, L235A, and D265S (EU numbering).
- Clause 17. The trispecific antibody or trispecific binding fragment of clause 16, wherein the Fc domains of HC1 and HC2 each comprise mutations L234A, L235A, and
30 D265S (EU numbering).
- Clause 18. The trispecific antibody or trispecific binding fragment of any one of clauses 1-17, wherein the Fc domains of HC1 or HC2 further comprises one or more mutations which reduce Fc binding to protein A.

- 5 Clause 19. The trispecific antibody or trispecific binding fragment of clause 18, wherein the Fc domains of HC1 or HC2 comprises mutations H435R and/or Y436F (EU numbering).
- Clause 20. The trispecific antibody or trispecific binding fragment of clause 19, wherein the Fc domain of HC1 comprises mutations H435R and Y436F (EU numbering).
- 10 Clause 21. The trispecific antibody or trispecific binding fragment of any one of clauses 3 and 5-18, wherein the linker comprises the amino acid sequence of GGSEGKSSGSGSESKSTGGS (SEQ ID NO: 25) or GGGGSGGGGSGGGGSGGGGS ((G4S)₄, SEQ ID NO: 163).
- Clause 22. The trispecific antibody or trispecific binding fragment of any one of
- 15 clauses 1-21, wherein the first antigen-binding site that specifically binds CD3 comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GDSVFNNNAAWS (SEQ ID NO: 4), a heavy chain CDR2 comprising the amino acid sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a heavy chain CDR3 comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6).
- 20 Clause 23. The trispecific antibody or trispecific binding fragment of any one of clauses 1-22, wherein the first antigen-binding site that specifically binds CD3 comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of TGTSSNIGTYKFVS (SEQ ID NO: 1), a light chain CDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a light chain CDR3 comprising
- 25 the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3).
- Clause 24. The trispecific antibody or trispecific binding fragment of any one of clauses 1-23, wherein the first antigen-binding site that specifically binds CD3 comprises a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO: 8.
- Clause 25. The trispecific antibody or trispecific binding fragment of any one of
- 30 clauses 1-24, wherein the first antigen-binding site that specifically binds CD3 comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 7.
- Clause 26. The trispecific antibody or trispecific binding fragment of any one of clauses 1-25, wherein the second or third antigen-binding site that specifically binds GPRC5D comprises: a heavy chain complementarity determining region 1 (CDR1)

5 comprising the amino acid sequence of GFSLTNIRMSVS (SEQ ID NO: 12), a heavy chain CDR2 comprising the amino acid sequence of HIFSNDEKS (SEQ ID NO: 13), and a heavy chain CDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14).

Clause 27. The trispecific antibody or trispecific binding fragment of any one of
10 clauses 1-26, wherein the second or third antigen-binding site that specifically binds GPRC5D comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a light chain CDR2 comprising the amino acid sequence of KISNRFF (SEQ ID NO: 10), and a light chain CDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO:
15 11).

Clause 28. The trispecific antibody or trispecific binding fragment of any one of clauses 1-27, wherein the second or third antigen-binding site that specifically binds GPRC5D comprises a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO: 16.

20 Clause 29. The trispecific antibody or trispecific binding fragment of any one of clauses 1-28, wherein the second or third antigen-binding site that specifically binds GPRC5D comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 15.

Clause 30. The trispecific antibody or trispecific binding fragment of any one of
25 clauses 1-29, wherein the second or third antigen-binding site that specifically binds BCMA comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a heavy chain CDR3 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ
30 ID NO: 22).

Clause 31. The trispecific antibody or trispecific binding fragment of any one of clauses 1-30, wherein the second or third antigen-binding site that specifically binds BCMA comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain

- 5 CDR2 comprising the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).
Clause 32. The trispecific antibody or trispecific binding fragment of any one of clauses 1-31, wherein the second or third antigen-binding site that specifically binds BCMA comprises a heavy chain variable domain (VH) comprising the amino acid
10 sequence of SEQ ID NO: 24.
Clause 33. The trispecific antibody or trispecific binding fragment of any one of clauses 1-32, wherein the second or third antigen-binding site that specifically binds BCMA comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 23.
- 15 Clause 34. The trispecific antibody or trispecific binding fragment of any one of clauses 1 to 33, wherein the first antigen-binding site that specifically binds to residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 160)) of the CD3 ϵ chain.
Clause 35. The trispecific antibody or trispecific binding fragment of clause 34, wherein the first antigen-binding site that specifically binds to CD3 with an affinity of
20 about 2.5×10^{-8} M.
Clause 36. The trispecific antibody or trispecific binding fragment of clause 34, wherein the first antigen-binding site that specifically binds to CD3 with an affinity of about 3.1×10^{-8} M.
Clause 37. The trispecific antibody or trispecific binding fragment of any one of
25 clauses 1 to 36, wherein the second or third antigen-binding site specifically binds residues 17-26 (LLHACIPCQL (SEQ ID NO: 161)) of BCMA BCMW37 chain.
Clause 38. The trispecific antibody or trispecific binding fragment of clause 37, wherein the second or third antigen-binding site specifically binds to BCMA with an affinity of about 2.1×10^{-10} M.
- 30 Clause 39. The trispecific antibody or trispecific binding fragment of clause 37, wherein the second or third antigen-binding site specifically binds to BCMA with an affinity of about 8.4×10^{-10} M.

- 5 Clause 40. The trispecific antibody or trispecific binding fragment of any one of clauses 1 to 39, wherein the antibody or antigen-binding fragment thereof are of IgG1, IgG2, IgG3, or IgG4 isotype.
- Clause 41. The trispecific antibody or trispecific binding fragment of any of clauses 1 to 40 is an IgG1 isotype.
- 10 Clause 42. The trispecific antibody or trispecific binding fragment of clause 1, wherein the HC1 comprises the amino acid sequence of SEQ ID NO: 26.
- Clause 43. The trispecific antibody or trispecific binding fragment of clause 1 or 42, wherein the LC comprises the amino acid sequence of SEQ ID NO: 27.
- Clause 44. The trispecific antibody or trispecific binding fragment of clause 1, 42 or 15 43, wherein the HC2 comprises the amino acid sequence of SEQ ID NO: 28.
- Clause 45. The trispecific antibody or trispecific binding fragment of clause 1, wherein the HC1 comprises the amino acid sequence of SEQ ID NO: 29.
- Clause 46. The trispecific antibody or trispecific binding fragment of clause 1 or 45, wherein the LC comprises the amino acid sequence of SEQ ID NO: 30.
- 20 Clause 47. The trispecific antibody or trispecific binding fragment of clause 1, 45 or 46, wherein the HC2 comprises the amino acid sequence of SEQ ID NO: 31.
- Clause 48. A trispecific antibody, or a trispecific binding fragment thereof, comprising:
- 25 a) a first antigen-binding site that specifically binds CD3,
b) a second antigen-binding site that specifically binds GPRC5D, and
c) a third antigen-binding site that specifically binds BCMA.
- Clause 49. The trispecific antibody or trispecific binding fragment of clause 48, wherein the first antigen-binding site that specifically binds CD3 comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GDSVFNNNAAWS (SEQ ID NO: 4), a heavy chain CDR2 comprising the amino acid
30 sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a heavy chain CDR3 comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6).
- Clause 50. The trispecific antibody or trispecific binding fragment of clause 48 or 49, wherein the first antigen-binding site that specifically binds CD3 comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of

- 5 TGTSSNIGTYKFVS (SEQ ID NO: 1), a light chain CDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a light chain CDR3 comprising the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3).

Clause 51. The trispecific antibody or trispecific binding fragment of any one of clauses 48-50, wherein the first antigen-binding site that specifically binds CD3 comprises
10 a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO: 8.

Clause 52. The trispecific antibody or trispecific binding fragment of any one of clauses 48-51, wherein the first antigen-binding site that specifically binds CD3 comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 7.

- 15 Clause 53. The trispecific antibody or trispecific binding fragment of any one of clauses 48-52, wherein the second antigen-binding site that specifically binds GPRC5D comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GFSLTNIRMSVS (SEQ ID NO: 12), a heavy chain CDR2 comprising the amino acid sequence of HIFSNDEKS (SEQ ID NO: 13), and a heavy chain
20 CDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14).

Clause 54. The trispecific antibody or trispecific binding fragment of any one of clauses 48-53, wherein the second antigen-binding site that specifically binds GPRC5D comprises: a light chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a light chain CDR2
25 comprising the amino acid sequence of KISNRFF (SEQ ID NO: 10), and a light chain CDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO: 11).

Clause 55. The trispecific antibody or trispecific binding fragment of any one of clauses 48-54, wherein the second antigen-binding site that specifically binds GPRC5D comprises a heavy chain variable domain (VH) comprising the amino acid sequence of
30 SEQ ID NO: 16.

Clause 56. The trispecific antibody or trispecific binding fragment of any one of clauses 48-55, wherein the second antigen-binding site specifically that specifically binds GPRC5D comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ ID NO: 15.

- 5 Clause 57. The trispecific antibody or trispecific binding fragment of any one of clauses 48-56, wherein the third antigen-binding site that specifically binds BCMA comprises: a heavy chain complementarity determining region 1 (CDR1) comprising the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a heavy
10 chain CDR3 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22).
- Clause 58. The trispecific antibody or trispecific binding fragment of any one of clauses 48-57, wherein the third antigen-binding site that specifically binds BCMA comprises: a light chain complementarity determining region 1 (CDR1) comprising the
15 amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain CDR2 comprising the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).
- Clause 59. The trispecific antibody or trispecific binding fragment of any one of clauses 48-58, wherein the third antigen-binding site that specifically binds BCMA
20 comprises a heavy chain variable domain (VH) comprising the amino acid sequence of SEQ ID NO: 24.
- Clause 60. The trispecific antibody or trispecific binding fragment of any one of clauses 48-59, wherein the third antigen-binding site that specifically binds BCMA comprises a light chain variable domain (VL) comprising the amino acid sequence of SEQ
25 ID NO: 23.
- Clause 61. The trispecific antibody or trispecific binding fragment of any one of clauses 48-60, wherein the first antigen-binding site that specifically binds to residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 160)) of the CD3 ϵ chain.
- Clause 62. The trispecific antibody or trispecific binding fragment of clause 61,
30 wherein the first antigen-binding site that specifically binds to CD3 with an affinity of about 2.5×10^{-8} M.

- 5 Clause 63. The trispecific antibody or trispecific binding fragment of clause 61, wherein the first antigen-binding site that specifically binds to CD3 with an affinity of about 3.1×10^{-8} M.
- Clause 64. The trispecific antibody or trispecific binding fragment of any one of clauses 48 to 63, wherein the third antigen-binding site specifically binds residues 17-26
- 10 (LLHACIPCQL (SEQ ID NO: 161)) of BCMA BCMW37 chain.
- Clause 65. The trispecific antibody or trispecific binding fragment of clause 64, wherein the third antigen-binding site specifically binds to BCMA with an affinity of about 2.1×10^{-10} M.
- Clause 66. The trispecific antibody or trispecific binding fragment of clause 64,
- 15 wherein the third antigen-binding site specifically binds to BCMA with an affinity of about 8.4×10^{-10} M.
- Clause 67. The trispecific antibody or trispecific binding fragment of any one of clauses 48 to 66, wherein the antibody or antigen-binding fragment thereof are of IgG1, IgG2, IgG3, or IgG4 isotype.
- 20 Clause 68. The trispecific antibody or trispecific binding fragment of any of clauses 48 to 67 is an IgG1 isotype.
- Clause 69. A trispecific antibody, or a trispecific binding fragment thereof, comprising:
- 25 a) a first heavy chain (HC1);
- b) a light chain (LC); and
- c) a second heavy chain (HC2),
- wherein HC1 comprises the amino acid sequence of SEQ ID NO: 26, LC comprises the amino acid sequence of SEQ ID NO: 27, and the HC2 comprises the amino acid sequence of SEQ ID NO: 28.
- 30 Clause 70. A trispecific antibody, or a trispecific binding fragment thereof, comprising:
- a) a first heavy chain (HC1);
- b) a light chain (LC); and
- c) a second heavy chain (HC2),

- 5 wherein HC1 comprises the amino acid sequence of SEQ ID NO: 29, LC comprises the amino acid sequence of SEQ ID NO: 30, and the HC2 comprises the amino acid sequence of SEQ ID NO: 31.

Clause 71. A pharmaceutical composition comprising the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70 and a pharmaceutically acceptable carrier.

Clause 72. A cell expressing the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70.

Clause 73. The cell of clause 72 wherein the cell is a hybridoma.

Clause 74. The cell of clause 72 wherein the trispecific antibody is recombinantly produced.

Clause 75. A method for treating cancer in a subject in need thereof, said method comprising administering to the subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70 or the pharmaceutical composition of clause 71.

Clause 76. The method of clause 75, wherein the trispecific antibody or trispecific binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.

Clause 77. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70 or the pharmaceutical composition of clause 71, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.

Clause 78. The method of clause 77, wherein said cancer cell is in a subject and the trispecific antibody or trispecific binding fragment or the pharmaceutical composition is administered to the subject.

Clause 79. The method of clause 77, wherein said administration is conducted ex vivo.

Clause 80. A method of redirecting a T cell to BCMA and/or GPRC5D-expressing cancer cells in a subject in need thereof, said method comprising administering to said

- 5 subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70 or the pharmaceutical composition of clause 71.
- Clause 81. The method of clause 80, wherein the said therapeutically effective amount is sufficient to direct said T cell response to said cancer cells.
- Clause 82. The method of any one of clauses 75-81, wherein the cancer is a
- 10 hematological cancer.
- Clause 83. The method of clause 82 wherein the hematological cancer is a BCMA and/or GPRC5D -expressing B cell cancer.
- Clause 84. The method of clause 83 wherein the BCMA and/or GPRC5D -expressing B cell cancer is multiple myeloma.
- 15 Clause 85. The method of any one of clauses 75-84 further comprising administering a second therapeutic agent.
- Clause 86. The method of clause 85 wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.
- Clause 87. The method of clause 86 wherein the chemotherapeutic agent is cytarabine,
- 20 an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
- Clause 88. A method for generating the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70, wherein said method comprises culturing the cell of any one of clauses 72 to 74 and isolating said trispecific antibody or trispecific binding fragment.
- 25 Clause 89. A synthetic polynucleotide encoding the HC1, the LC, and/or the HC2 of the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70.
- Clause 90. A kit comprising (i) the trispecific antibody or trispecific binding fragment of any one of clauses 1 to 70 and/or a polynucleotide of clause 89 and (ii) packaging for the same.
- 30 Clause 91. An antibody, or an antigen-binding fragment thereof, that binds specifically to BCMA, comprising: a heavy chain complementarity determining region 1 (CDR1) having the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 having the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a heavy

5 chain CDR3 having the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22).

Clause 92. The antibody or antigen-binding fragment of clause 91, further comprising:
a light chain complementarity determining region 1 (CDR1) having the amino acid
sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain CDR2 having the amino
10 acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 having the amino
acid sequence of QHYGSSPMYT (SEQ ID NO: 19).

Clause 93. The antibody or antigen-binding fragment of clause 91 or 92, comprising a
heavy chain variable domain (VH) having the amino acid sequence of SEQ ID NO: 24.

Clause 94. The antibody or antigen-binding fragment of any one of clauses 91-93,
15 comprising a light chain variable domain (VL) having the amino acid sequence of SEQ ID
NO: 23.

Clause 95. The antibody or antigen-binding fragment of any one of clauses 91-94,
wherein the antibody or antigen-binding fragment specifically binds residues 17-26
(LLHACIPCQL (SEQ ID NO: 161)) of BCMA BCMW37 chain.

20 Clause 96. The antibody or antigen-binding fragment of clause 95, wherein the
antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about
 2.1×10^{-10} M.

Clause 97. The antibody or antigen-binding fragment of clause 95, wherein the
antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about
25 8.4×10^{-10} M.

Clause 98. The antibody or antigen-binding fragment of any one of clauses 91-97
wherein the antibody or antigen-binding fragment is a human antibody or antigen-binding
fragment.

Clause 99. The antibody or antigen-binding fragment of any one of clauses 91 to 98
30 wherein the antibody or antigen-binding fragment is recombinant.

Clause 100. The antigen binding fragment of any one of clauses 91 to 99 wherein the
antigen binding fragment is a Fab fragment, a Fab2 fragment, or a single chain antibody.

- 5 Clause 101. The antibody or antigen-binding fragment of any one of clauses 91 to 100 wherein the antibody or antigen-binding fragment thereof are of IgG1, IgG2, IgG3, or IgG4 isotype.
- Clause 102. The antibody or antigen-binding fragment of any of clauses 91 to 101 is an IgG1 or an IgG4 isotype.
- 10 Clause 103. A pharmaceutical composition comprising the antibody or antigen-binding fragment of any one of clauses 91 to 102 and a pharmaceutically acceptable carrier.
- Clause 104. A cell expressing the antibody or antigen-binding fragment of any one of clauses 91 to 102.
- Clause 105. The cell of clause 104 wherein the cell is a hybridoma.
- 15 Clause 106. The cell of clause 104 wherein the antibody is recombinantly produced.
- Clause 107. A method for treating cancer in a subject in need thereof, said method comprising administering to the subject a therapeutically effective amount of the antibody or antigen-binding fragment of any one of clauses 91 to 102 or the pharmaceutical composition of clause 103.
- 20 Clause 108. The method of clause 107, wherein the antibody or antigen-binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.
- Clause 109. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the antibody or
- 25 antigen-binding fragment of any one of clauses 91 to 102 or the pharmaceutical composition of clause 103, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.
- Clause 110. The method of clause 109, wherein said cancer cell is in a subject and the antibody or antigen-binding fragment or the pharmaceutical composition is administered to
- 30 the subject.
- Clause 111. The method of clause 109, wherein said administration is conducted ex vivo.
- Clause 112. The method of any one of clauses 107-111 wherein the cancer is a hematological cancer.

- 5 Clause 113. The method of clause 112 wherein the hematological cancer is a BCMA-expressing B cell cancer.
- Clause 114. The method of clause 113 wherein the BCMA-expressing B cell cancer is multiple myeloma.
- Clause 115. The method of any one of clauses 107-114 further comprising administering
10 a second therapeutic agent.
- Clause 116. The method of clause 115 wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.
- Clause 117. The method of clause 116 wherein the chemotherapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
- 15 Clause 118. A method for generating the antibody or antigen-binding fragment of any one of clauses 91 to 102, wherein said method comprises culturing the cell of any one of clauses 104 to 106 and isolating said antibody or antigen-binding fragment.
- Clause 119. A synthetic polynucleotide encoding the antibody or antigen-binding fragment of any one of clauses 91 to 102.
- 20 Clause 120. A kit comprising (i) the antibody or antigen-binding fragment of any one of clauses 91 to 102 and/or a polynucleotide of clause 119 and (ii) packaging for the same.

EXAMPLES

The following examples are provided to supplement the prior disclosure and to
25 provide a better understanding of the subject matter described herein. These examples should not be considered to limit the described subject matter. It is understood that the examples and embodiments described herein are for illustrative purposes only and that various modifications or changes in light thereof will be apparent to persons skilled in the art and are to be included within, and can be made without departing from, the true scope
30 of the invention.

Example 1: Target validation

The scientific rationale for the development of BCMA x GPRC5D x CD3 trispecific antibodies is to efficiently eradicate malignant clonal plasma cells from bone

5 marrow and other organs of MM patients. This is to be achieved through the administration of a trispecific antibody that can simultaneously bind to the TCR co-receptor CD3 ϵ that is expressed on the effector T cells and to target proteins, GPRC5D and BCMA, that are expressed on B-cell lineage cells, mostly plasma blasts and mature plasma cells (8). By bringing the T cells and cancer cells in proximity, BCMA x GPRC5D x CD3 trispecific
10 antibodies promote the activation of T cells with the subsequent cancer cell lysis mediated by secreted perforin and various granzymes stored in the secretory vesicles of CTLs (FIG. 1B).

The mechanistic advantage of these approaches includes their ability to draw CD3+ T cells in close proximity to plasma cells without regard to TCR specificity or reliance on
15 major histocompatibility complex (MHC) Class I molecules on the surface of antigen-presenting cells for activation, circumventing the known MoR to T cell-based therapies through down-regulation of MHC class molecules.

Target Selection / Validation

The potential success of T-cell-mediated therapeutic approaches relies on the
20 presence of antigens specifically found on the surface of tumor cells. Out of the most common plasma cell markers, BCMA and GPRC5D exhibited selective expression patterns and clinical proof of concept (PoC) has been established for both targets.

BCMA (also known as CD269; gene name TNFRSF17) is a 20 kDa, Type I membrane protein that is exclusively expressed on B-cell lineage cells, plays a critical role
25 in B-cell maturation, and is selectively induced during plasma cell differentiation (9,10). BCMA binds 2 ligands: APRIL (CD256) and BAFF (CD257; 11). The BCMA receptor is a 184 amino acid protein with a 54 amino acid extracellular domain. In addition to expression on the cell surface, BCMA is cleaved by gamma secretase activity at the transmembrane domain, generating a ~6 kDa soluble BCMA protein fragment (12). High
30 levels of soluble BCMA were measured in MM patient serum samples (13) and correlated with plasma cell counts (14). Inhibition of gamma secretase results in significant increase of BCMA surface protein expression in human primary B cells (12) and MM cell lines and bone marrow mononuclear cells (13). BCMA has been established as a validated target in MM with several approved therapeutics (15-17).

5 GPRC5D is a 7-transmembrane receptor protein that is classified as a Type C
G-protein-coupled receptor (GPCR) based on the sequence homology score. GPRC5D is
an orphan receptor whose ligand and signaling mechanisms are yet to be identified.
GPRC5D receptor is a 354 amino acid protein that has a typical 7-transmembrane structure
with a short 27 amino acid N-terminus unlike other family members (18). GPRC5D
10 mRNA is predominantly expressed in cells with a plasma cell phenotype and is also
expressed in all malignant plasma cells from subjects with MM (19-23). Levels of
GPRC5D expression in subjects with MM correlated well with plasma cell burden and
genetic aberrations such as Rb-1 deletion (19).

Target Expression

15 BCMA and GPRC5D mRNA and protein expression is restricted to limited cell
types. BCMA is expressed on mature B cells and plasma cells whereas GPRC5D
expression is further limited to only the plasma cell phenotype on immune cells. In
addition to immune cell expression, GPRC5D mRNA is expressed in hard keratinized
tissues. GPRC5D mRNA levels on bone marrow CD138⁺ cells from myeloma patients
20 were elevated compared to the normal healthy subject CD138⁺ cells and high mRNA
levels of BCMA were mostly restricted to matured B cells including plasma cells
(10,13,19,21-26). BCMA (13,25) and GPRC5D (19,21,22) protein expression in normal
tissues was mainly found in plasma cells by immunohistochemistry (IHC) staining. In
addition, GPRC5D expression was also detected in hard keratinized tissues such as hair
25 follicles (27). MM patient bone marrow mononuclear cells exhibited clonal heterogeneity
in terms of BCMA and GPRC5D expression (21,22). Detailed target expression profiles
are described in Example 2.

Importantly, the selective expression of BCMA and GPRC5D on CD138⁺ bone
marrow cells of MM origin and their low risks for on-target/off-tumor toxicity designates
30 them as potential targets for T-cell-mediated therapeutics (10,13,20-22).

**Example 2: Molecule Design, Sequence, and Structure of BGCB463 trispecific
antibody**

5 BGCB463 is an immunoglobulin (Ig) G1 trispecific antibody that can bind simultaneously or individually to the epsilon subunit of the cluster of differentiation 3 receptor complex (CD3 ϵ) on T lymphocytes (T cells), and to GPRC5D (G-protein coupled receptor family C group 5 member D) and to BCMA (B cell maturation antigen, TNFRSF17) on tumor cells. The antibody has mutations of L234A, L235A, and D265S
10 (according to EU numbering) in the constant region (Fc) to abolish interaction with Fc receptors and heterodimerization has been enhanced using the knobs-into-holes platform mutations. The anti-CD3 ϵ “hole” chain also comprises “RF” mutations (H435R, Y436F; according to EU numbering) to disrupt protein A binding of monomeric and homodimerized hole chains. The molecule comprises an anti-CD3 ϵ Fab region on the
15 “hole, RF” chain and an anti-GPRC5D scFv v-region on the “knob” chain. The trispecific antibody was developed to evaluate the therapeutic potential of dual tumor targeting GPRC5D and BCMA and CD3 for T cell redirection. An illustration of BGCB463 is depicted in FIG. 1A.

The trispecific BGCB463 antibody was generated by co-expression of the anti-CD3
20 heavy chain (HC) A and light chain (LC) with the anti-GPRC5D, anti-BCMA heavy chain B. The anti-CD3 variable region was discovered by immunizing transgenic humanized rats [OmniRat (OMTTM)] with recombinant CD3 ϵ protein. The anti-GPRC5D variable region (VR000038761) featured in BGCB463 is derived from the mAb GC5B680, discovered by immunizing transgenic humanized mice [Ablexis] with DNA encoding
25 GPRC5D. The parent v-region (VR000029832) contained an “NSS” motif in the HC framework 3 region which presented a risk for N-linked glycosylation and which represented a mutation from the IGHV2-26*01 germline. The site was mutated back to the germline sequence “STS” to eliminate the risk for N-linked glycosylation, and this change resulted in the final variable region VR000038761. The anti-BCMA variable region
30 (VR000003260) featured in BGCB463 is derived from the mAb BCMB519, discovered by immunizing transgenic humanized mice [Ablexis] with recombinant BCMA protein. No further modifications were made to this v-region. Both the anti-GPRC5D and anti-BCMA v-regions were formatted as single-chain fragment variable (scFv) in the final molecule.

- 5 The amino acid sequence for the BGCB463 heavy chains and light chain, as deduced from the cDNA sequence of BGCB463, and confirmed by peptide mapping and mass spectrometry, is shown below (Table 5). The 3 complementarity-determining regions (CDRs), defined according to ABM numbering, in each chain are bolded and underlined.
- 10 The Gln residue at position 1 of BGCB463 heavy chain 1, Gln residue at position 1 of BGCB463 light chain, and Asp at position 1 of BGCB463 heavy chain 2 constitute the N-termini of the mature chains. Both heavy chains comprising BGCB463 IgG1 AAS have the following point mutations: L234A, L235A, and D265S. Heavy chain 1 from BGCB463 features the “hole” mutations: T366S, L368A, Y407V and the RF mutations: H435R, Y436F, while heavy chain 2 features the “knob” mutation: T366W. The knobs-
- 15 into-holes mutations promote heterodimerization of the Fc. The “RF” mutations disrupt binding to protein A. The mutations for FcγR receptor silencing (AAS) and the knobs-into-holes mutations are underlined in the sequences below.

Table 5. Amino Acid Sequence of BGCB463

Area	AA Sequence	SEQ ID NO.
Light Chain 1	QSALTQPASV SGSPGQSITI <u>SC</u> <u>TGTSSNIG</u> <u>TYKFVS</u> WYQQ HPDKAPKVLL <u>YEVSKRPS</u> GV SSRFSGSKSG NTASLTISGL QAEDQADYHC <u>VS</u> <u>YAGSGTLL</u> FGGGTKLTVL GQPKAAPSVT LFPPSSEELQ ANKATLVCLI SDFYPGAVTV AWKADSSPVK AGVETTTPSK QSNNKYAASS YLSLTPEQWK SHRSYSCQVT HEGSTVEKTV APTECS	27
Heavy Chain 1	QVQLQQSGPR LVRPSQTLSTL TCAIS <u>GDSVF</u> <u>NNNAAWS</u> WIR QSPSRGLEWL <u>GRTYYRSKWL</u> <u>YD</u> YAVSVKSR ITVNPDTSRN QFTLQLNSVT PEDTALYYCA <u>RGYSSSF</u> DYW GQGTLLTVSS ASTKGPSVFP LAPSSKSTSG GTAALGCLVK DYFPEPVTVS WNSGALTSGV HTFPAVLQSS GLYSLSSVVT VPSSSLGTQT YICNVNHNKPS NTKVDKKVEP KSCDKTHTCP PCPAPE <u>AAGG</u> PSVFLFPPKP KDTLMIS RTP EVTCVV <u>VSVS</u> HEDPEVKFNW YVDGVEVHNA KTKPREEQYN STYRVVSVLT VLHQDWLNGK EYKCKVSNKA	26

	LPAPIEKTIS KAKGQPREPQ VYTLPPSREE MTKNQVSLSC AVKGFYPSDI AVEWESNGQP ENNYKTTPPV LDSDGSFFLV SKLTVDKSRW QQGNVFSCSV MHEALHNRFT QKSLSLSPGK	
Heavy Chain 2	DIVMTQTPLS SPVTLGQPAS ISCRSSQSLV <u>HSDGNTYLSW</u> LQQRPGQPPR LLIYKISNRF <u>FGVPDRFSGS</u> GAGTDFTLKI SRVEAEDVGV YYCMQATQFP HTFGQGTKLE IKGGSEGKSS GSGSESKSTG GSQVTLKESG PVLVKPTETL TLTCTVSGFS LTNIRMSVSW IRQPPGKALE WLAHIFSNDE KSYSTSLKSR LTISRDTSKS QVVLTLTNVD PVDATYYCA RMRLPYGMDV WGQGTTTVTS SEPKSSDKTH TCPPCPAPEA AGGPSVFLFP PKPKDTLMIS RTPEVTCVVV SVSHEDPEVK FNWYVDGVEV HNAKTKPREE QYNSTYRVVS VLTVLHQDWL NGKEYKCKVS NKALPAPIEK TISKAKGQPR EPQVYTLPPS REEMTKNQVS LWCLVKGFYP SDIAVEWESN GQPENNYKTT PPVLDSDGSF FLYSKLTVDK SRWQQGNVFS CSVMHEALHN HYTQKSLSLS PGKGGSEGKS SGSGSESKST GGSEIVLTQS PGTSLSPGE RATLSCRASQ SIISSFLTWY QQKPGQAPRL LIYGASSRAT GIPDRFSGGG SGTDFTLTIS RLEPEDFAVY YCQHYGSSPM <u>YTFGQGTKLE</u> IKGGSEGKSS GSGSESKSTG GSEVQLLESG GGLVQPGGSL RLSCAASGFT <u>FSSYAMS</u> WVR QAPGKGLEWV SAISGSGGST <u>Y</u> YADSVKGRF TISRDNKNT LYLQMNSLRA EDTAVYYCAK <u>DEGYSSGHYY</u> <u>GMDV</u> WGQTT VTVSS	28

5

Example 3: Immunogenicity Risk Assessment of BGCB463 trispecific antibody

The trispecific antibody sequences were analyzed for potential immunogenicity using the T-regulatory (T_{reg}) adjusted scores from the EpiVax Epimatrix *in silico* immunogenicity prediction program (Table 6). EpiVax program computationally calculates the binding potential to the most common HLA molecules within each of the “supertypes”. The report provides results that are representative of >90% of human populations worldwide without the necessity of testing each haplotype individually. The

10

- 5 EpiVax score is calculated by aggregating the EpiMatrix scores of all predicted T-cell epitopes contained within a given protein sequence and adjusting for expected T-cell epitope content and protein length. The EpiVax score interpretation is as follows: an EpiVax score of < -20 is “Ideal”; an EpiVax score from -20 to $+20$ is “Acceptable”; and an EpiVax score of $> +20$ is “Unacceptable.”

10

Table 6: Immunogenicity assessment for BGCB463

BGCB463 Chain info	Amino acid sequence of variable region	SEQ ID NO.	EpiVax score	EpiVax score interpretation
Light chain 1 (CD3B376) VL	QSALTQPASVSGSPGQSITISCTGT SSNIGTYKFVSWYQQHPDKAPKVL YEVS KRPSGVSSRFSGSKSGNTASL TISGLQAEDQADYHCVSYAGSGTLL FGGGTKLTVL	7	-44.88	Ideal
Heavy Chain 1 (CD3B376) VH	QVQLQQSGPRLVRPSQTLSTCAIS GDSVFNNNAAWSWIRQSPSRGLEWL GRITYRSKWLYDYAVSVKSRITVNP DTSRNQFTLQLNSVTPEDTALYYCA RGYSSSFYDWGQGTLLTVTVSS	8	+65.28	Unacceptable
Heavy chain 2 N-terminal scFv (GC5B680 N68S, S69T) VL	DIVMTQTPLSSPVTLGQPASISCRS SQSLVHSDGNTYLSWLQQRPGQPPR LLIYKISNRFFGVDPDRFSGSGAGTD FTLKISRVEAEDVGVYYCMQATQFP HTFGQGKLEIK	15	-3.12	Acceptable
Heavy chain 2 N-terminal scFv (GC5B680 N68S, S69T) VH	QVTLKESGPVLVKPTETLTCTVS GFSLTNIRMSVSWIRQPPGKALEWL AHIFSNDKSYSTSLKSRLTISRDT SKSQVVLTLTNVDPVDTATYYCARM RLPYGMDVWGQGTTVTVSS	16	-11.65	Acceptable
Heavy chain 2 C-terminal scFv	EIVLTQSPGTLSPGERATLSCRA SQSISSSFLTWYQQKPGQAPRLLIY GASSRATGIPDRFSGGSGTDFTLT ISRLEPEDFAVYYCQHYGSSPMYTF QGKLEIK	23	-52.88	Ideal

(BCMB519) VL				
Heavy chain 2 C-terminal scFv (BCMB519) VH	EVQLLES G GGLVQP G GSLRLSCAAS GFTFSSYAMSWVRQAPGKGLEWVSA ISGSGGSTYYADSVKGRFTISRDN KNTLYLQMNSLRAEDTAVYYCAKDE GYSSGHYYGMDVWGQGT TTVTVSS	24	-54.35	Ideal

5

Example 4: Binding Characterization of BGCB463 trispecific antibody

Part 1. Materials and Methods

Cell lines

Cell lines assessed for GPRC5D and BCMA binding characterization were multiple myeloma derived H929 and MM.1R. Additionally, an H929 suite of CRISPR knockouts (H929-GPRC5D-KO monoclonal line D11), H929-BCMA-KO and H929-GPRC5D/BCMA-KO were generated. Similar MM.1R knockouts were also developed for assessing GPRC5D and BCMA binding. All lines were sourced from within (ABS) and were cultured with Complete RPMI Medium, which was comprised of RPMI 1640 Medium, GlutaMAX™ Supplement, HEPES, Heat-Inactivated (HI) FBS, Non-essential amino acids (NEAA), Sodium Pyruvate, and 2-ME (all ThermoFisher).

K562 monoclonal cell lines overexpressing human GPRC5D (monoclonal H1B5), and human BCMA (monoclonal H1/B5) were utilized. Additionally, K562-Fluc-GFP cells expressing cynomolgus GPRC5D (monoclonal M1C11) and cynomolgus BCMA were used. Both cell lines were maintained in IMDM, 10% FBS, 2mM Glutamine, and 2mg/mL G418 (all ThermoFisher).

Cell binding by FACS

BGCB463.003 and BGCB463.004, or B23B251 (Isotype control for IgG1-AAS) was either used as an unlabeled molecule or was directly conjugated to Alexa Fluor 647. BGCB463.003 was expressed by transient transfection, while BGCB463.004 was expressed from a stable transfection pool.

5 For binding of BGCB463 to human and cynomolgus Pan T cells, three human donors (Hemacare) were selected, quickly thawed, resuspended, and aliquoted into a 96-well plate at 1×10^6 cells/mL. Cells were then washed, Fc blocked if necessary (Innovex), and stained with viability dye (Invitrogen). BGCB463 and its corresponding isotype (B23B251) were diluted in complete media to an initial concentration of $2 \mu\text{M}$ and 1:3
10 serial dilutions in duplicate were performed for a dose-response curve. The cells were incubated with molecules at 4°C or 37°C for 1 hour. When necessary, incubation with 90% human serum (Sigma) was also performed as described above.

To determine potential interference from soluble BCMA (sBCMA), patient serums with known concentrations were obtained from BDS (1 pool) and incubated with
15 BGCB463 and H929 cells. For the incubation, patient serums were diluted with normal serums to assay sBCMA while maintaining 90% total human serum.

Utilizing the ForeCyt software, singlet-live populations were gated, and median fluorescent intensity (MFI) of the AlexaFluor 647 channel was calculated for each sample. Raw data was exported into Excel (Office 365, Microsoft) where duplicates were averaged
20 and further analyzed in Prism software (v. 8.0, Graphpad). When required, isotype background was subtracted. Herein, dose-response curve graphs and EC_{50} were calculated for each molecule for each donor. Lastly, the averages of all three donors of each respective species was calculated in order obtain an average EC_{50} for the species.

25 *Time Course Binding*

Cell lines assessed for GPRC5D and BCMA time course kinetic binding were the H929 and MM.1R KO suites mentioned above. FACS analysis of BGCB463 binding to the above cell lines was done at varying final concentrations based on the dose-response curves of 1hr 37°C binding, so that at least one of the concentrations was close to the EC_{50} .
30 Three final concentrations were chosen with 5-fold differences, all with 1hr, 3hr, 5hr, and 24hr incubations. BGCB463 binding was assessed in Complete RPMI at 37°C .

BGCB463 or accompanying B23B251 isotype control was first diluted in complete RPMI at 2X concentration and incubated at 37°C . Next, cells were harvested and counted using Vi-Cell XR (Beckman Coulter) and then added to the master deep well plate to yield

5 ~1E5 cells per timepoint. At each time point, cells were removed and transferred to a round bottom 96-well plate that contained cold FACS buffer (Stain buffer containing 0.2% BSA (BD) + 2mM EDTA (ThermoFisher)). Plates were next washed three to four times by centrifugation (1200RPM, 5 min) followed by buffer aspiration. After two more washes with FACS buffer, cells were stained on ice with Alexa Fluor 647 goat anti-human
10 IgG1 (H+L) (Jackson Immuno) for 30 minutes. After incubation, cells were washed three more times with cold FACS buffer and then resuspended in FACS buffer containing Sytox Green to label all dead cells (ThermoFisher). Plates were then run on the Intellicyt iQue Screener Plus (Sartorius) within three hours following staining.

15 *T cell activation and killing assay using Incucyte live cell imaging*

In order to determine the effect of test molecules upon T cell activation and killing potential of tumor cells, the Incucyte live imaging system (Sartorius) was utilized. The in-house generated H929-Fluc-GFP cell line served as target cells for human donor Pan T cells (Hemacare). The assay was set up in a 96-well plate at a T cell to target ratio of 1:1,
20 3:1, and 5:1 over several experiments. Test molecules (BGCB463 and B23B251) were added at a starting concentration of 40nM or 10nM and serially diluted at 1:4 in complete media. All molecules were tested in duplicate at minimum. Detection of T cell activation status was monitored with Anti-human CD25-Alexa Fluor 647 (Biolegend). Cells in plates were normalized to temperature and then placed into an Incucyte (Model S3) live cell
25 imaging system contained within a 37°C incubator. Four images per well in the phase, green, and red channels were captured every 3 hours for approximately 5 days. Using sample images, an analysis definition was created in the Incucyte analysis software (Sartorius, v.2019B Rev2) to generate the counts of objects in the green (target cells) and counts or total integrated intensity of red (activated T cells) channels.

30 Using the raw counts from the green channel (target cells) generated from the Incucyte software analysis, percent cytolysis of targets at each concentration and time point was calculated against the average of all untreated wells on the corresponding plate using the following formula on raw data exported to Excel (Microsoft, Office 365): $(100 - (GPRC5D \text{ test concentration} / \text{Untreated average}) \times 100)$. To automate this, raw data was

5 transformed and transferred using a Shiny Application developed by Data Sciences to rapidly calculate and transfer the data into Prism software, where graphical representation of the data is presented. Once transferred into Prism software (Graphpad Software, v.8.0.0), data were graphed and standard error of mean and cytotoxicity and T cell activation
 10 intensity from the red channel (CD25-AF647) replicates were used and further graphed in the Prism software to generate dose-response and activation graphs.

Part 2. Results

T cell and cell line dose responsive binding

15 First, FACS-based binding for GPRC5D and BCMA binding arms of the trispecific molecule was determined by measuring the effective concentration (EC) range from a dose-response curve using a 4-parameter fit at 37°C for 1hr. This was assessed using an H929 suite of cells (WT, GPRC5D-KO, BCMA-KO, and GPRC5D/BCMA KO), and a similar MM.1R suite. Cell based EC₅₀ is approximately 13nM for WT H929 (FIGs. 2A-
 20 2D, Table 7) and 2.4nM for WT MM.1R (FIGs. 3A-3D, Table 8). A clear avidity effect is observed as EC₅₀ and Bmax are both reduced in GPRC5D-KO and BCMA-KO lines which test monovalent binding of target binding arms (Table 7). Next, cell-based EC₅₀ was determined for the CD3-binding Fab arm using purified Pan T cells from three random donors. As demonstrated in FIGs. 4A-4C, cell-based EC₅₀ for the CD3B376 (BGCB463)
 25 arm was approximately 329nM (Table 9). Next, dose responsive binding was assessed at 4°C to remove any potential biological effects. As shown in FIGs. 5A-5C, binding is stronger (50-100nM) at 4°C, compared to 37°C, which may indicate internalization. Additionally, two expression lots of BGCB463 (BGCB463.003 from transient transfection and BGCB463.004 from a stable transfection pool), were directly compared with binding
 30 to H929, MM.1R, and Pan T cells and no differences were noted (FIGs. 6A-6C).

Table 7: H929 suite cell-based effective concentrations

EC ₅₀ (nM)	H929	H929 GPRC5D KO	H929 BCMA KO	EC ₉₀ (nM)	H929	H929 GPRC5D KO	H929 BCMA KO
Run 1	14.0	106.4	195.4	Run 1	240.1	722.6	1861.4
Run 2	8.3	63.9	128.8	Run 2	356.2	200.3	871.8
Run 3	28.7	220.8	65.2	Run 3	45776.5	1996.4	1237.5
Run 4	No fit	No fit	No fit	Run 4	No fit	No fit	No fit
Run 5	2.4	456.8	48.8	Run 5	9450.2	4130.3	281.2
AVE	13.3	212.0	109.5	AVE	13955.7	1762.4	1063.0

5

Table 8: MM.1R suite cell-based effective concentrations

EC ₅₀ (nM)	MM.1R	MM.1R GPRC5D KO	MM.1R BCMA KO	EC ₉₀ (nM)	MM.1R	MM.1R GPRC5D KO	MM.1R BCMA KO
Run 1	3.2	No fit	No fit	Run 1	128.1	No fit	No fit
Run 2	1.2	No fit	16.6	Run 2	13.9	No fit	198.7
Run 3	3.4	141.6	35.3	Run 3	75.5	2070.4	969.9
Run 4	1.6	489.9	7.2	Run 4	8.6	8298.7	38.2
AVE	2.4	315.8	19.7	AVE	56.5	5184.5	402.2

Table 9: T cell-based effective concentrations

EC ₅₀ (nM)	Donor 1	Donor 2	Donor 3	EC ₉₀ (nM)	Donor 1	Donor 2	Donor 3
Run 1	769.8	572.5	548.9	Run 1	10735.6	7046.4	6008.2
Run 2	No fit	No fit	No fit	Run 2	No fit	No fit	No fit
Run 3	293.1	261.9	359.9	Run 3	2864.8	2267.3	4148.3
Run 4	209.9	192.1	254.8	Run 4	1698.0	1418.4	2173.5
Run 5	102.6	132.4	250.7	Run 5	493	860	2600

AVE	343.9	289.7	353.6	AVE	3947.9	2898.0	3732.5
Total AVE	329.1			Total AVE	3526.1		

5

Time Course Binding

Next, surface stability of BGCB463, was determined by assessing time course kinetic FACS binding on the H929 and MM.1R suites of cells. As demonstrated in FIGs. 7A-7D, binding kinetics are stable on H929 cells over the 24-hour period. Additionally, the bivalent binding of the trispecific molecule has a stronger signal compared to the monovalent binding arm assessed in the single KOs, which like above, is consistent with likely avidity effects. These results are echoed in the MM.1R suite (FIGs. 8A-8D).

Species/Orthologs cross reactivity

Cross reactivity to cynomolgus monkeys was also profiled for both target binding scFv arms using FACS-based cell binding at 37°C for 1hr. To this end, K562 cells stably expressing human and cynomolgus GPRC5D or BCMA were utilized. As noted in FIGs. 9A-9E, cell based EC₅₀ for the GC5B680 scFv arm is approximately 30nM for human GPRC5D and about 10-fold weaker at about 400nM on cynomolgus GPRC5D. In contrast, cell based EC₅₀ for the BCMB519 scFv arm is approximately 145nM for human BCMA, while there was no detectable binding to cynomolgus BCMA up to 2μM.

To further determine cynomolgus cross-reactivity, K562 cells that were used for binding were also utilized for cytotoxicity with human Pan T cells. As demonstrated in FIGs. 10A and 10B, weaker binding on cynomolgus GPRC5D compared to human GPRC5D correlates with weaker cytotoxicity and corresponding lower T cell activation with K562 expressing cyno GPRC5D. A similar pattern is observed with human and cyno BCMA, however, there is essentially no T cell response to cynomolgus BCMA.

Binding in 90% human serum

To better understand binding in vivo, binding was assessed for 1hr at 37°C in the presence of 90% human serum. The GPRC5D and BCMA binding scFv arms were tested

- 5 with H929 cells (FIG. 11) while the CD3 binding Fab was tested with human pan-T cells (FIG. 12). In both cell types, BGCB463 binding is unaffected by the presence of serum.

Time course cytotoxicity

- To assess in vitro killing kinetics, the Incucyte, an image-based platform, was
10 utilized to acquire kinetic killing data. Tracking target cell killing and T cell activation over time gives a more detailed and qualitative readout of cytotoxic activity compared to standard FACS-based endpoint assays. As displayed in FIGs. 13A and 13B, BGCB463 reached a notable maximal kill at around 72hr at all concentrations except for the lowest tested (1pM) at a 3:1 E:T ratio. To expand on these data, 5:1 E:T and 1:1 E:T ratios were
15 also tested (FIGs. 14A-14F). At 5:1 E:T, all concentrations tested reached maximum kill at 48-72hr, where time to maximum kill inversely correlated with concentration. At 1:1 E:T, all concentrations also obtain maximum kill, but at later time points, with the same concentration dependence.

20 *sBCMA binding interference using patient serums*

- Assessment of potential interference with soluble BCMA (sBCMA) is necessary to support modeling and MABEL dose projection. Patient serums were chosen as a physiological source of soluble BCMA, and assayed by dilution in normal serum. As demonstrated in FIGs. 15A-15D, even the highest level of 613ng/mL does not impact
25 biding of BGCB463 to H929 cells. This is the case with all patient serum with varying levels of sBCMA.

Part 3. Discussion and Conclusions

- The purpose of timecourse binding for a given panel is to determine if the molecule
30 is stable on the surface of cells over a given time, taken with the caveat that this method is not capable of discerning internalization vs surface staining. BGCB463 maintains a stable or increasing signal at all concentrations tested on the H929 and MM.1R KO suites of cells. Thus, BGCB463 is stably presented on the surface of hematological cell targets.

5 Cross reactivity to cynomolgus BCMA and GPRC5D were also measured for BGCB463. GPRC5D binding was about 10-fold weaker on cyno compared to human which corresponded with cytotoxicity. On the other hand, BCMA binding was not cross-reactive up to 2 μ M, which correlated with the observation of no functional activity.

Time course cytotoxicity was utilized to assess killing kinetics and give a more
10 detailed view of how BGCB463 mediates T cell redirection. Killing was observed that approached maximum cytolysis with timing dependent on both concentration of molecule and E:T ratio.

Since BCMA exists in soluble form and it is elevated in patients, it was crucial to assess binding in the presence of patient serums with varying levels of sBCMA. The data
15 demonstrated that sBCMA does not interfere with BGCB463 binding to surface BCMA on H929 cells.

Example 5: Biophysical Assessment for BGCB463 Trispecific Antibody

A range of biophysical assessments for BGCB463 were performed, including
20 binding, protein characterizations, 2-week high concentration stability, and chemical and physical stability. A listing of the assessments and their results are shown in Table 10.

Table 10: Biophysical Assessments and Results for BGCB463

mAb TMP Characteristic	Results	Comments
Binding Affinity for human CD3 arm (SPR)	KD = 3.1E-8 M Antigen: recombinant CD3 $\delta\epsilon$ heterodimer construct	N/A
Binding Affinity for human BCMA arm (SPR)	KD = 8.4E-10 M Antigen : BCMW37	N/A
Fc γ Receptor Binding (SPR)	No measurable binding to human Fc γ R1, Fc γ RIIIa V158, Fc γ RIIIa F158, Fc γ RIIa or Fc γ RIIb. No measurable binding to cyno Fc γ R1, Fc γ RIII, Fc γ RIIa, or Fc γ RIIb	Silent Fc design confirmed

FcRn Binding (SPR)	pH 6.0: hFcRn KD = 954 nM cyFcRn KD = 826 nM Faster dissociation at pH 7.4 relative to pH 6.0	N/A
Serum Interference (Octet)	No significant change in association rate in 50% human serum k_a buffer / k_a serum = 1.6 - BCMA k_a buffer / k_a serum = 1.0 - CD3	N/A
GPRC5D Binding Epitope	Not determined	N/A
CD3 Binding Epitope	Linear epitope encompassing residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 161)) of CD3 ϵ chain	Epitope sequence determined for parent antibody CD3B376 against CD3 ϵ by HDX-MS
BCMA Binding Epitope	Linear epitope encompassing residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain	HDX-MS data show residues 17-18 and 21-26 are protected by BGCB465.
Intact Abs mass, release (Mass Spec)	156,431.5 Da	N/A
Glycoform profile (Mass Spec)	Typical IgG1 profile with main glycoform G0F/G0F	N/A
Level of HomoDimer(s) (Mass Spec)	No HD1 & HD2 detected	N/A
Levels of Other Product-Related Impurities (Mass Spec)	Minor clipping on HC2 (BCMA scFv) between AA 486 – 495. Minor losses of the CD3 LC and the combined VH+CH1 (pQ1-S222) of the CD3 arm.	N/A
N-link gly (non-Fc) (Mass Spec)	None predicted or observed	N/A
O-link gly sites (Mass Spec)	None observed	N/A

Glycation (% relative abundance) (Mass Spec)	HC1 (CD3) - 9.5%, LC1 (CD3) - 6.4%, HC2 (GPRC5D x BCMA) - 7.5%	Glycation values represent upper limit due to over-estimation caused by non-zero baseline
Free Cys (Mass Spec)	None predicted or observed	N/A
N-terminal Elongation/Truncation (Mass Spec)	None observed	N/A
Conformational stability (DSC)	T _{m1} = 63.2 °C T _{m2} = 68.0 °C T _{m3} = 72.2 °C	Measured in 10 mM Histidine pH 6.5
% Purity (2-step purification) (AUC)	96.39 % Monomer	Measured in 10 mM Histidine pH 6.4
Serum stability (SEC-FDS)	3.7 % increase in aggregation at t ₀ in human serum, 1.2 % increase in aggregation after 2 days in human serum at 37°C.	Assessed by size exclusion chromatography using Alexa488 labeled GPRC5DxCD3
IgG interactions (SPR)	No IgG interactions observed	N/A
Non-specific binding	No non-specific binding observed	N/A
Isoelectric point (cIEF)	pI = 9.51 % Acidic/Main/Basic peak area: 44.8/54.9/0.3	N/A
Relative Hydrophobicity (aHIC)	Low surface hydrophobicity (hydrophobicity index < 0.6) with broad peak	N/A
Viscosity	5.48 cP	Determined at 150 mg/mL in 10 mM Histidine pH 6.5
Concentratability and % recovery in Histidine buffer pH 6.5	Sample was concentrated to 176.5 mg/mL with 89.4% recovery	N/A

% Monomer (initial) (AUC)	96.6 %	Determined in Histidine pH 6.5
% Monomer 2 weeks, 4°C (AUC)	84.7 %	Determined in Histidine pH 6.5
% Monomer 2 weeks, 40°C (AUC)	66.3 %	Determined in Histidine pH 6.5
Intact MS after Forced Degradation (Mass Spec)	All stress samples matched the expected mass. High pH stress resulted in minor BCMA scFv clipping along with minor loss of CD3 LC. Chemical oxidation treatment resulted in up to 3 oxidations on HC2 (scFv) arm and up to 2 oxidations on CD3 HC.	None
Size after Forced Degradation (aSEC)	Sample after physiological (2wks 37C) and oxidation stress maintained > 98% monomer; Samples after pH 8.5, 5, and 3.5 stresses showed 89-91% monomer; High concentration sample after 2wks at 40C showed significant increase in HMW with only 63% monomer.	Increase in aggregation at high concentration was apparent over time and follow up formulation study is required to mitigate the aggregation propensity
Purity Forced Degradation (R and NR GXII)	NR GXII: All stressed samples maintained ≥99% monomer, except physiological (2wks 37C) (97%), high concentration 40C 2Wks (95.9%), and high pH (76.1%) samples. Reduced GXII: All stressed samples maintained ≥99% monomer, except 40C 2Wks (97.9%) and high pH (89.7%).	None
Binding Affinity after Forced Degradation (SPR)	Affinity to CD3 is retained under all tested stress conditions. Affinity to BCMA was within error range of KD and % active species under all tested stress conditions.	N/A

Basal Oxidation level	6.8% in M94 (GC5B680 scFv LCDR3) 4.7% in M232 (GC5B680 scFv HCDR3) <1% for all other CDRs residues	None
Met/Trp (change on oxidative stress)	68.1 % in M94 (GC5B680 scFv LCDR3) 15.1% in M232 (GC5B680 scFv HCDR3) 67.9 % in M600 (BCMB519 scFv LCDR3)	None
Basal Deamidation level	<1% in CDRs	None
Deamidation sites (change on stress)	No significant change	None
Basal isomerization level	<1% in CDRs	None
Isomerization sites (change on stress)	20% D27 isomerization in HC-CDR1 CD3B2186	Note: D27 Isomerization under pH stress is observed all CD3B376 candidates and is thought not to impact activity.

5

Example 6: Molecule Design, Sequence, and Structure of BGCB491 trispecific antibody

BGCB491 is an immunoglobulin (Ig) G1 trispecific antibody that can bind simultaneously or independently to the epsilon subunit of the cluster of differentiation 3 receptor complex (CD3 ϵ) (Uniprot ID: P07766) on T lymphocytes (T cells), and to GPRC5D (G-protein coupled receptor family C group 5 member D, Uniprot ID: Q9NZD1) and BCMA (B cell maturation antigen, TNFRSF17, Uniprot ID: Q02223) on tumor cells. The antibody features mutations of L234A, L235A, and D265S in the constant region (Fc) to abolish interaction with Fc receptors and heterodimerization is enhanced using the knobs-into-holes platform mutations ¹. The anti-CD3 ϵ “hole” chain also featured “RF” mutations (H435R, Y436F) to disrupt protein A binding of monomeric and homodimerized hole chains ². The molecule comprises an anti-CD3 ϵ Fab region on the “hole, RF” chain and an anti-GPRC5D scFv v-region fused onto the C-terminus. The “knob” chain features

5 the anti-BCMA scFv. The trispecific antibody was developed to evaluate the therapeutic potential of dual tumor targeting GPRC5D and BCMA and CD3 for T cell redirection. An illustration of BGCB491 is depicted in FIG. 16.

The trispecific BGCB491 antibody was generated by co-expression of the anti-CD3 heavy chain (HC) A fused to the C-terminal anti-GPRC5D scFv and anti-CD3 light chain
10 (LC) with the anti-BCMA scFv fused to “knob” containing heavy chain B. The anti-CD3 variable region (VR000017350) was discovered by immunizing transgenic humanized rats [OmniRat (OMTTM)] with recombinant CD3 ϵ protein. The anti-GPRC5d variable region (VR000038761) featured in BGCB491 is derived from the mAb GC5B680, discovered by immunizing transgenic humanized mice [Ablexis] with DNA encoding GPRC5d. The
15 parent v-region (VR000029832) contained an “NSS” motif in the HC framework 3 region which presented a risk for N-linked glycosylation and which represented a mutation from the IGHV2-26*01 germline. The site was mutated back to the germline sequence “STS” to eliminate the risk for N-linked glycosylation, and this change resulted in the final variable region VR000038761. The anti-BCMA variable region (VR000003260) featured in
20 BGCB491 is derived from the mAb BCMB519, discovered by immunizing transgenic humanized mice [Ablexis] with recombinant BCMA protein. No further modifications were made to this v-region. Both the anti-GPRC5D and anti-BCMA v-regions were formatted as single-chain fragment variable (scFv) in the final molecule.

The amino acid sequence for the BGCB491 heavy chains and light chain, as
25 deduced from the cDNA sequence (SEQ ID Nos: 165, 166, and 167) of BGCB491 and confirmed by peptide mapping and mass spectrometry is shown below (Table 11). The 3 complementarity-determining regions (CDRs), defined according to ABM numbering, in each chain are bolded and underlined. The Gln residue at position 1 of BGCB491 heavy chain 1, Gln residue at position 1 of BGCB491 light chain, and Glu residue at position 1 of
30 BGCB491 heavy chain 2 constitute the N-termini of the mature chains. Both heavy chains comprising BGCB491 IgG1 AAS have the following point mutations: L234A, L235A, and D265S. Heavy chain 1 from BGCB491 features the “hole” mutations: T366S, L368A, Y407V and the RF mutations: H435R, Y436F, while heavy chain 2 features the “knob” mutation: T366W. The knobs-into-holes mutations promote heterodimerization of the Fc

- 5 ³. The “RF” mutations disrupt binding to protein A. The mutations for FcγR receptor silencing (AAS) and the knobs-into-holes mutations are underlined in the sequences below.

Table 11. Amino Acid Sequence of BGCB491

Area	AA Sequence	SEQ ID NO.
Light Chain 1	QSALTQPASV SGSPGQSITI SC <u>TGTSSNIG</u> <u>TYKFVSWYQQ</u> HPDKAPKVLL <u>YEVSKRPSGV</u> SSRFSGSKSG NTASLTISGL QAEDQADYHC <u>VSYAGSGTLL</u> FGGGTKLTVL GQPKAAPSVT LFPPSSEELQ ANKATLVCLI SDFYPGAVTV AWKADSSPVK AGVETTTPSK QSNNKYAASS YLSLTPEQWK SHRSYSCQVT HEGSTVEKTV APTECS	30
Heavy Chain 1	QVQLQQSGPR LVRPSQTLST TCAIS <u>GDSVF</u> <u>NNNAAWSWIR</u> QSPSRGLEWL <u>GRTYYRSKWL</u> <u>YDYAVSVKSR</u> ITVNPDTSRN QFTLQLNSVT PEDTALYYCA <u>RGYSSSFDYW</u> GQGLTVTVSS ASTKGPSVFP LAPSSKSTSG GTAALGCLVK DYFPEPVTVS WNSGALTSGV HTFPAVLQSS GLYSLSSVVT VPSSSLGTQT YICNVNHKPS NTKVDKKVEP KSCDKTHTCP PCPAPEAAGG PSVFLFPPKP KDTLMISRTP EVTCVVVS <u>VS</u> HEDPEVKFNW YVDGVEVHNA KTKPREEQYN STYRVVSVLT VLHQDWLNGK EYKCKVSNKA LPAPIEKTIS KAKGQPREPQ VYTLPPSREE MTKNQVSL <u>SC</u> <u>AVKGFYPSDI</u> AVEWESNGQP ENNYKTTPPV LDSDGSFFLV SKLTVDKSRW QQGNVFSCSV MHEALHNRFT QKSLSLSPGK GGGSGGGGS GGGSGGGGS DIVMTQTPLS SPVTLGQPAS ISCR <u>RSSQSLV</u> <u>HSDGNTYLSW</u> LQQRPGQPPR LLIY <u>KISNRF</u> <u>FGVPDRFSGS</u> GAGTDFTLKI SRVEAEDVGV YYC <u>MQATQFP</u> <u>HTFGQGKLE</u> IKGGSEKSS GSGSESKSTG GSQVTLKESG PVLVKPTETL TLTCTVS <u>GFS</u> <u>LTNIRMSVSW</u> IRQPPGKALE WLA <u>HIFSND</u> <u>KS</u> YSTSLKSR LTISRDTSKS QVVLTLTNVD PVDTATYYCA <u>RMRLPYGMDV</u> WGQGTTVTVS	29

	S	
Heavy Chain 2	EIVLTQSPGT LSLSPGERAT LSC <u>RASQ</u> <u>SIS</u> <u>SSFLTW</u> YQQK PGQAPRLLIY <u>GASSRAT</u> GIP DRFSGGGSGT DFTLTISRLE PEDFAVYYC <u>Q</u> <u>HYGSSPMY</u> TF GQGTKLEIKG GSEGKSSGSG SESKSTGGSE VQLLESGGGL VQPGGSLRLS CAAS <u>GFTFSS</u> <u>YAMS</u> WVRQAP GKGLEWVSA <u>I</u> <u>SGSGGSTY</u> YA DSVKGRFTIS RDNSKNTLYL QMNSLRAEDT AVYYCAK <u>DEG</u> <u>YSSGHYYGMD</u> <u>VWGQGT</u> TVTV SSEPKSSDKT HTCPCPCPAPE AAGGPSVFLF PPKPKDTLMI SRTPEVTCVV VS <u>V</u> SHEDPEV KFNWYVDGVE VHNAKTKPRE EQYNSTYRVV SVLTVLHQDW LNGKEYKCKV SNKALPAIE KTISKAKGQP REPQVYTLPP SREEMTKNQV SL <u>W</u> CLVKGFY PSDIAVEWES NGQPENNYKT TPPVLDSDGS FFLYSKLTVD KSRWQQGNVF SCSVMHEALH NHYTQKSLSL SPGK	31

5

Example 7: Immunogenicity Risk Assessment of BGCB491 trispecific antibody

The trispecific antibody sequences were analyzed for potential immunogenicity using the T-regulatory (T_{reg}) adjusted scores from the EpiVax Epimatrix *in silico* immunogenicity prediction program⁴ (Table 12). EpiVax program computationally calculates the binding potential to the most common HLA molecules within each of the “supertypes”. The report provides results that are representative of >90% of human populations worldwide without the necessity of testing each haplotype individually. The EpiVax score is calculated by aggregating the EpiMatrix scores of all predicted T-cell epitopes contained within a given protein sequence and adjusting for expected T-cell epitope content and protein length. The EpiVax score interpretation is as follows: an EpiVax score of < -20 is “Ideal”; an EpiVax score from -20 to +20 is “Acceptable”; and an EpiVax score of > +20 is “Unacceptable.”

Table 12: Immunogenicity assessment for BGCB491

BGCB491 Chain info	Amino acid sequence of variable region	SEQ ID NO.	EpiVax score	EpiVax score interpretation
Light chain 1 (CD3B376) VL	QSALTQPASVSGSPGQSITISCTGTSSN IGTYKFVSWYQQHPDKAPKVLLYEVSQR PSGVSSRFSGSKSGNTASLTISGLQAED QADYHCVSYAGSGTLLFGGGTKLTVL	7	-44.88	Ideal
Heavy Chain 1 (CD3B376) VH	QVQLQQSGPRLVLRPSQTLSTCAISGDS VFNNNAAWSWIRQSPSRGLEWLGRTYYR SKWLYDYAVSVKSRITVNPDTSRNQFTL QLNSVTPEDTALYYCARGYSSSFYWGQ GTLVTVSS	8	+65.28	Unacceptable
Heavy chain 2 N- terminal scFv (GC5B680 N68S, S69T) VL	DIVMTQTPLSSPVTLGQPASISCRSSQS LVHSDGNTYLSWLQQRPGQPPRLLIYKI SNRFFGVDPDRFSGSGAGTDFTLKISRVE AEDVGVIYCMQATQFPHTFGQGTKLEIK	15	-3.12	Acceptable
Heavy chain 2 N- terminal scFv (GC5B680 N68S, S69T) VH	QVTLKESGPVLVKPTETLTCTVSGFS LTNIRMSVSWIRQPPGKALEWLAHIFSN DEKSYSTSLKSRLTISRDTSKSQVVLTL TNVDPVDTATYYCARMRLPYGMDVWGQG TTVTVSS	16	-11.65	Acceptable
Heavy chain 2 C- terminal scFv (BCMB519) VL	EIVLTQSPGTLSTLSPGERATLSCRASQS ISSSFLTWYQQKPGQAPRLLIYGASSRA TGIPDRFSGGGSGTDFTLTISRLEPEDF AVYYCQHYGSSPMYTFGQGTKLEIK	23	-52.88	Ideal
Heavy chain 2 C- terminal scFv (BCMB519) VH	EVQLLES GGGLVQPGGSLRLSCAASGFT FSSYAMSWVRQAPGKGLEWVSAISGSGG STYYADSVKGRFTISRDN SKNTLYLQMN SLRAEDTAVYYCAKDEGYSSGHYYGMDV WGQGTTVTVSS	24	-54.35	Ideal

5

Example 8: Trispecific Antibody Comparison Studies

BGCB463 and BGCB491, as described above, were tested in the series of following studies.

5 *Trispecific antibodies mediate killing of target positive cells only*

BGCB463, BGCB491, and three controls (BGCB4821 (CD3xNullxNull), BGCB483 (CD3xNullxBCMA), BGCB484 (CD3xGPRC5DxNull)) were tested against BCMA⁺ GPRC5D⁺ cells (FIG. 17A) and BCMA⁻ GPRC5D⁻ cells (FIG. 17B). Effector to target (E:T) ratio of 3:1; n=1 T-cell donors, 72 hours incubation, top concentration 53 nM, 1-5 dilution. Tests were performed for both cytotoxicity and T-cell activation. The results show that BGCB463 and BGCB491 only mediate the killing of the BCMA⁺ GPRC5D⁺ cells (as shown in FIG. 17A) while the BCMA⁻ GPRC5D⁻ cells were unaffected (as shown in FIG. 17B).

15 *Trispecific antibodies are active in depleting clonal (CRISPR) cell lines*

BGCB463 and BGCB491 depleted H929 WT, GPRC5D KO, and BCMA KO cell lines both 72 and 96 hours after primary incubation (FIG. 18A). The E:T ratio was 3:1, n=5 T-cell donors; 72(5) and 96(4) hours incubation; top concentration 532 mM, 1-5 dilution gradient. EC₅₀ values shown below in Table 13.

20 **Table 13: EC₅₀ values for 72/96 hour cytotoxicity test with BGCB463 and BGCB491**

Incubation time	BGCB463	BGCB491	Cell Type
72 hrs	Cytotoxicity		
EC ₅₀ value (nM)	0.007	0.006	H929 WT
	2.055	0.322	H929-GPRC5D KO
	0.539	4.517	H929-BCMA KO
96 hrs			
EC ₅₀ value (nM)	0.003	0.003	H929 WT
	1.580	0.226	H929-GPRC5D KO
	0.269	2.759	H929-BCMA KO

BGCB463 and BGCB491 also trigger T-cell activation while depleting CRISPR cells. Both antibodies show increased T-cell activation after 72 and 96 hours in the same H929 WT, GPRC5D KO, and BCMA KO cells as above (FIG. 18B and Table 14).

25 **Table 14: EC₅₀ values for 72/96 hour T-cell test with BGCB463 and BGCB491**

Incubation time	BGCB463	BGCB491	Cell Type
72 hrs	T-cell activation		
EC ₅₀ value (nM)	0.009	0.011	H929 WT
	3.139	0.520	H929-GPRC5D KO
	0.517	3.110	H929-BCMA KO
96 hrs			
EC ₅₀ value (nM)	0.007	0.009	H929 WT
	3.507	0.480	H929-GPRC5D KO
	0.445	3.458	H929-BCMA KO

5

Trispecific antibodies can deplete lymphoma (BCMA only) cell lines

BGCB463 and BGCB491 were testing in cytotoxicity and T-cell activation assays with H929, RAMOS and GRANTA-519 cells lines. Results show both antibodies did deplete the RAMOS and GRANTA-519 lines, although higher concentrations of both antibodies were required (FIG. 19, with EC₅₀ values in Table 15). E:T was 5:1, n=1 T-cell donors; 72 hours incubation only; top concentration of 53 nM; and a 1-5 dilution.

10

Table 15: EC₅₀ values for lymphoma cell line depletion with BGCB463 and BGCB491

	BGCB463	BGCB491	Cell Line
	Cytotoxicity		
EC ₅₀ value (nM)	0.004	0.005	H929 WT
	n/a	2.813	Ramos
	80.980	8.584	Granta-519
	T-cell activation		
EC ₅₀ value (nM)	0.012	0.022	H929 WT
	17.580	1.387	Ramos
	3.300	1.644	Granta-519

Trispecific antibodies depletes target positive cells in whole blood assay

BGCB463 and BGCB491 were tested in cytotoxicity and T-cell activation whole blood assays with H292 cells. Results show cytotoxicity and T-cell activation (FIG. 20

15

- 5 and EC50 values in Table 16). E:T was 5:1, n=2 whole blood donors; 48 hours incubation; top concentration of 532 nM; and a 1-5 dilution.

Table 16: EC values for whole blood cell depletion with BGCB463 and BGCB491

EC value (nM)	BGCB463	BGCB491
	Cytotoxicity	
EC ₂₀	0.159	0.084
EC ₅₀	0.574	0.648
EC ₉₀	4.412	16.380
	T-cell activation	
EC ₂₀	0.044	0.027
EC ₅₀	0.297	0.544
EC ₉₀	6.199	63.160

Trispecific antibodies regress tumor growth in mice

- 10 BGCB463 was shown to regress tumor growth in MM.1S and RPMI 8226 xenograft mouse models if given in a high enough dose: either 2μg or 10μg in the MM.1S model (FIG. 21A) or 5μg or 10μg in the RPMI 8226 model (FIG. 21B). The tumors either stopped growing or showed a reduction in growth compared to control conditions.

- 15 Additionally, both BGCB463 and BGCB491 were shown to regress tumor growth in H929 prophylactic xenograft mouse models. Compared to PBS controls both 0.5μg and 5μg doses slowed tumor growth in both H929-BCMA KO and H929-GPRC5D KO models, with the higher 5μg concentration showing more effect (FIG. 22).

DRC Pan-T Binding

- 20 BGCB463 and BGCB491 were tested in a 1hr, 37°C DRC Pan-T binding assay. Two human Pan-T cell donors were used, and test molecules had 2uM starting concentrations with a 1:3 dilution and 11 point DRC. Secondary detecting via Alexa Fluor® 647 AffiniPure Goat Anti-Human IgG (H+L). FACS was performed using Intellicyte Ique Screener plus. Results shown in FIG. 23, with BGCB491 having an EC₅₀

- 5 0.1903 and top of 188194, and BGCB463 having an EC₅₀ of 0.1258 and top of 303269. The EC₅₀ values demonstrated are within expected parameters for the CD3 binding arm.

DRC H929 suite binding

- BGCB463 and BGCB491 were tested against H929 WT, H929 BCMA-KO, H929 GPRC5D-KO, and H929 BCMA/GPRC5D double KO cells in a 1 hour, 37°C DRC suite binding assay. Results shown in FIGs. 24A-24D, all with a null control (BGCB510). EC values shown in Table 17. Results showed that BGCB491 has increased BCMA-mediated binding and decreased GPRC5D-mediated binding compared to BGCB463.
- 10

Table 17: EC values (uM) for BGCB463 and BGCB491 in H929 suite binding

	BGCB463	BGCB491
	<i>H929 WT</i>	
EC ₅₀	n/a	0.270
EC ₉₀	n/a	25.049
	<i>H929 BCMA-KO</i>	
EC ₅₀	11.7	3.183
EC ₉₀	n/a	n/a
	<i>H929 GPRC5D-KO</i>	
EC ₅₀	0.504	0.210
EC ₉₀	8.385	3.896

15

Trispecific Antibody Analysis Studies

The following Table 18 provides various analyses on BGCB463 and BGCB491.

Table 18: Analysis summary of BGCB463 and BGCB491 trispecific antibodies

Analysis	BGCB463	BGCB491
Purity (AUC) (post 3-step purification)	96.4% monomer	98.9% monomer
Conformational stability (DSC, Histidine, pH 6.5)	Tms = 63°C, 68°C, 72°C	Tms = 63°C, 68°C, 72°C
Measured pI (cIEF)	pI: 9.51	pI: 9.56

Relative hydrophobicity by aHIC		Moderate hydrophobicity	Relative low hydrophobicity (HI = 0.38)
PTMs analysis (LC-MS)		<10% CDRs PTMs	<5% CDRs PTMs
Binding affinity (SPR)		KD: CD3 ($31.3 \pm 8.7\text{nM}$); BCMA ($844 \pm 128\text{pM}$)	KD: BCMA ($2.12\text{E-}10\text{ M}$); CD3 ($2.51\text{E-}08\text{ M}$)
Serum Interference (Octet)		Binding Unaffected	Binding Unaffected
Serum Stability (SEC-FDS, stable batch)		~12% increase in HMW after 7-day incubation at 37°C	~5% increase in HMW after 7-day incubation at 37°C
Non-specific Binding (SPR)		None	None
Concentratability		~180 mg/mL, 89% recovery, 97% monomer	~180 mg/mL, 91% recovery, 97.5% monomer
Viscosity at 150 mg/mL		5.48 cP	6.3 cP
HCLF: % Monomer after 2wks @ 4°C & 40°C (AUC)		Aggregation at 180mg/mL increased to 15% and 34% after 2wk at 4°C & 40°C	Aggregation at 180mg/mL increased to 36% and 34% after 2wk at 40°C, no increase in HMW at 4°C
Physiological stress: 37°C, 2mg/mL, PBS pH7.4		No physical/chemical/affinity changes	No increase in HMW, significant increase in LMW (15% by SEC, ~18% by GXII): 18% lower binding activity to CD3, BCMA binding unaffected
PTMs Inducing Stress	pH 8.5, 1wk, 40°C	20% D27 isomerization (CD3, HCDR1), binding unaffected; <10%	~12% D27 isomerization (CD3, HCDR1); increase in LMW (~15% by SEC,

		deamidation/isomerization in other CDRs residues	~20% by GXII): binding unaffected
	pH 5, 1wk, 40°C	No increase in CDRs PTMs	No significant changes
	pH 3.5, 6h, rt	No increase in CDRs PTMs	No significant changes
	Chemical Oxidation	68% M94 oxidation; 15% M232 oxidation; 68% M600; CD3 binding unaffected, BCMA binding with 2 folds of release	97% M94 oxidation (GC5B680, LCDR3); 99% M600 (BCMB519 LCDR3); CD3 binding unaffected, BCMA binding affinity slightly affected (~2-3 folds of release)
	Metal Oxidation	No increase in CDRs PTMs	No significant changes

5

Example 9: Biophysical assessments of BGCB491 trispecific antibody

Table 19A provides recombinant antigen binding, species cross-reactivity, epitope identification, Fc receptor binding, and biophysical intrinsic property attributes of BGCB491. Table 19B provides additional characteristics for BGCB491.

10

Table 19A: List of biophysical assessments and results for BGCB491

mAb TMP characteristic	Result	Comments
Binding		
Binding affinity for human CD3 arm (SPR)	$K_D = 2.5 \times 10^{-8}$ M	Antigen: recombinant CD3 ϵ heterodimer construct (CD3W200)

mAb TMP characteristic	Result	Comments
Binding affinity for human BCMA and GPRC5D arms (SPR)	Human BCMA: $K_D = 2.1 \times 10^{-10}$ M; Antigen: BCMW37. Human GPRC5D: no SPR data is available for GPRC5D due to lack of representative soluble reagent for this transmembrane target. Affinity binding was assessed using cell-based method on H929-BCMA-KO cells instead (see Example 11)	Parental BCMA binding using BCMW37 antigen: $K_D = 2.8 \times 10^{-10}$ M as scFv; $EC_{50} = 2.3$ - 3.2 nM as scFv binding to H929 and MM.1R cells; Parental GPRC5D binding to H929 and MM.1R cells: $EC_{50} = 6$ - 24 nM as Fab
Cross reactivity for BCMB519 scFv to cyno BCMA (SPR)	No/low binding up to 300 nM	Binding data were collected from BCMB601 containing BCMB519 scFv
Fc γ receptor binding (SPR)	No significant binding	As expected for hIgG1-AAS silent framework
FcRn binding (SPR)	pH 6.0: hFcRn $K_D = 485$ nM; cyFcRn $K_D = 314$ nM	Rapid dissociation at pH 7.4
Serum interference (Octet)	k_a buffer / k_a serum < 2.0	No significant change in association rate to bt-BCMA and bt-CD3 in 50% human serum. Not determined for GPRC5D due to lack of representative soluble reagent.
GPRC5D-binding epitope	Not determined	N/A
CD3-binding epitope	Linear epitope encompassing Residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 161)) of CD3 ϵ chain (P07766, CD3E_Human)	Epitope sequence determined for parent antibody CD3B376 against CD3W220 by HDX-MS
BCMA-binding epitope	Linear epitope encompassing Residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37	HDX-MS data show Residues 17-18 and 21-26 of BCMW37 are protected by BGCB465 (contains same anti-BCMA scFv)
Protein characterization		
Intact Abs mass, release (MS)	155,978.8 Da	N/A
Glycoform profile (MS)	Typical IgG1 profile with main glycoform G0F/G0F	N/A
Level of homodimer(s) (MS)	No HD1 and HD2 detected	N/A
Levels of other product-related impurities (MS)	None observed	N/A
N-link gly (non-Fc) (MS)	None predicted or observed	N/A
O-link gly sites (MS)	None observed	N/A
Glycation (% relative abundance) (MS)	HC1 (CD3), 16.7%; LC1 (CD3), 5.4%; HC2 (GPRC5D $\times$ BCMA), 8.1%	Glycation values represent upper limit due to over-estimation caused by non-zero baseline
Free Cys (MS)	None predicted or observed	N/A
N-terminal elongation/truncation (MS)	None observed	N/A

mAb TMP characteristic	Result	Comments
Conformational stability (DSC)	T _{m1} = 62.9°C; T _{m2} = 68.3°C; T _{m3} = 71.9°C	Measured in 10 mM histidine pH 6.5; T _{m1} was contributed by CD376-Fab domain; T _{m2} was contributed by several parts of this molecule; T _{m3} was contributed by CH3 domain
% Purity (2-step purification) (AUC)	98.9% Monomer	Measured in 10 mM L-histidine pH 6.5
Serum stability (SEC-FDS)	~5% increase in HMW after 7-day incubation at 37°C	Assessed by SEC using Alexa488-labeled BCMAXGPC5DxCD3 trispecific
Non-specific binding	No non-specific binding observed	N/A
Isoelectric point (cIEF)	pI = 9.56; % acidic/main/basic peak area: 46/54/0	N/A
Relative hydrophobicity (aHIC)	Low hydrophobicity (hydrophobicity index 0.38) but wide and tailing peak	N/A
Viscosity	6.3 cP	Determined at 150 mg/mL in 10 mM L-histidine pH 6.5
2-week high concentration stability (4 and 40°C, target 150 mg/mL)		
Concentratability and % recovery in L-histidine buffer pH 6.5	Sample was concentrated to 183.5 mg/mL with 91% recovery	N/A
% Monomer (initial) (AUC)	97.5%	Determined in 10 mM L-histidine pH 6.5
% Monomer 2 weeks, 4°C (AUC)	95.4%	Determined in 10 mM L-histidine pH 6.5
% Monomer 2 weeks, 40°C (AUC)	62.8%	Determined in 10 mM L-histidine pH 6.5
Chemical (PTM) and physical stability		
Intact MS after forced degradation (MS)	Chemical oxidation treatment resulted in 4 oxidations on each HC. Under physiologic stress, fragments were observed from all domains. Deamidation stress principally resulted in fragments from GPRC5D, although 2 fragments from the BCMA scFv were also observed.	N/A
Size after forced degradation (aSEC)	% Intact Monomer: Release = 100.0; *Physiological = 96.0; Thermal = 63.7; pH 8.5 = 83.2; pH 5.0 = 99.3; pH 3.5 = 100.0; Chem Ox = 98.5; Metal Ox = 97.6	Increase in aggregation at high concentration at 40°C was apparent over time and follow-up formulation study is required to mitigate the aggregation propensity. Clipping observed after pH 8.5 and physiological stress.
Purity forced degradation (R and NR GXII)	NR GXII % intact: Release = 100; Physiological = 82; Thermal = 99; pH 8.5 = 82; pH 5.0 = 99; pH 3.5 = 100; Chem Ox = 100; Metal Ox = 100	Clipping observed after pH 8.5 and physiological stress.

mAb TMP characteristic	Result	Comments
CD3 binding after forced degradation (SPR)	Affinity (M) / % Active: Release = 2.51×10^{-8} / 100; Physiological = 1.93×10^{-8} / 82; Thermal = 2.58×10^{-8} / 100; pH 8.5 = 2.16×10^{-8} / 93; pH 5.0 = 2.26×10^{-8} / 88; pH 3.5 = 2.17×10^{-8} / 94; Chem Ox = 2.27×10^{-8} / 93; Metal Ox = 2.33×10^{-8} / 98	Affinity to CD3 was retained under all tested stress conditions. Reduction in % active species after pH 8.5 stress.
BCMA binding after forced degradation (SPR)	Affinity (M) / % Active: Release = 2.12×10^{-10} / 100; Physiological = 1.43×10^{-10} / 110; Thermal = 2.81×10^{-10} / 137; pH 8.5 = 1.60×10^{-10} / 114; pH 5.0 = 2.07×10^{-10} / 154; pH 3.5 = 1.75×10^{-10} / 116; Chem Ox = 5.37×10^{-11} / 131; Metal Ox = 2.15×10^{-10} / 110	N/A
Basal oxidation level	2.4% in M94 (GC5B680 scFv LCDR3); 1.3% in M166 (GC5B680 scFv HCDR1); 1.9% in M232 (GC5B680 scFv HCDR3); 4.4% in M600 (BCMB519 scFv LCDR3)	N/A
Met/Trp (change on oxidative stress)	96.9% in M94 (GC5B680 scFv LCDR3); 14.0% in M166 (GC5B680 scFv HCDR1); 14.3% in M232 (GC5B680 scFv HCDR3); 99.2% in M600 (BCMB519 scFv LCDR3)	N/A
Basal deamidation level	<1% in CDRs	N/A
Deamidation sites (change on stress)	No significant change	N/A
Basal isomerization level	<1% in CDRs	N/A
Isomerization sites (change on stress)	11.7% D27 isomerization in CD3B376 HCDR1; 5.3% D731 isomerization in BCMB519 scFv LCDR3	Note: D27 isomerization under pH stress was observed in all CD3B376 candidates and is thought not to impact activity.

- 5 AAS, L234A, L235A, and D265S; Ab, antibody; aHIC, analytical hydrophobic interaction chromatography; aSEC, analytical size-exclusion chromatography; AUC, analytical ultracentrifugation; bt, biotinylated; CDR, complementarity determining region; Chem Ox, chemical oxidation; cIEF, capillary isoelectric focusing; cy or cyno, cynomolgus monkey; Cys, cysteine; DSC, differential scanning calorimetry; EC₅₀, 50% effective concentration; Fab, fragment antigen-binding; Fc, fragment crystallizable; FcRn, neonatal Fc receptor; FDS, fluorescence detection system; gly, glycosylation; h, human; HC, heavy chain; HCDR, heavy chain complementarity determining region; HD, homodimer; HDX, hydrogen deuterium exchange; HMW, higher molecular weight; Ig, immunoglobulin; k_a, association constant; K_D, equilibrium dissociation constant; LC, light chain; LCDR, light chain complementarity determining region; mAb, monoclonal antibody; Met, methionine; Metal Ox, oxidation with metal; MS, mass spectrometry; N/A, not assessed; NME, new molecular entity; NR GXII, non-reduced capillary electrophoresis; PBS, phosphate-buffered saline; pI, isoelectric point; PS20, Polysorbate 20; ref, reference; R GXII, reduced capillary electrophoresis; scFv, single-chain variable fragment; SEC, size-exclusion chromatography; SPR, surface plasmon resonance; T_m, melting temperature; TMP, target medicinal product; Trp, tryptophan.

5 **Table 19B: Additional Characteristics for the binding arms in BGCB491**

Lead Parameters		Characteristics
BCMA: BCMB519	Affinity	$K_D = 0.28$ nM as scFv (SPR) $EC_{50} = 2.3$ - 3.2 nM as scFv (H929 & MM.1R)
	Epitope	Linear epitope a.a. 17-26 (LLHACIPCQL)
	Function	Blocks BAFF and APRIL binding [#] No agonistic activity [#]
GPRC5D: GC5B680	Affinity	$EC_{50} = 6$ - 24 nM as Fab (H929 & MM.1R)
CD3: CD3B376	Affinity	$EC_{50} = 3.4$ μ M* (T-cell)
	Epitope	N-terminal epitope a.a. 22-35 (QDGNEEMGGITQTP) of CD3 ϵ chain
Off-target profile	Retrogenix	CLEAN, no off-target hits (BCMA & GPRC5D binders)

*T cell: EC_{50} determined based on fixed point extrapolation due to un-saturated binding curves at the highest tested 2 μ M concentration

Example 10: Target Arm and CD3 Arm Binding Characterization of BGCB491

10 *Endogenous tumor cell line binding of BGCB491*

Flow cytometry was used to evaluate the BCMA and GPRC5D arm binding of BGCB491 in vitro. BGCB491 and isotype control were tested on a panel of H929-WT, H929-BCMA-KO, H929-GPRC5D-KO, and H929-BCMA/GPRC5D-KO cell lines after 1-hour 37°C incubation.

15 BGCB491 showed specific binding on WT as well as each knock-out (KO) line verifying the binding of each individual target-binding arm (FIG. 25, Table 20).

Table 20: ECx values for H929 WT and KO suite binding of BGCB491 from 5 independent experiments

	Run 1	Run 2	Run 3	Run 4	Run 5	Med
H929-WT						
EC ₂₀ (nM)	15	NFC	N/A	4	8	8
EC ₅₀ (nM)	270	NFC	N/A	34	66	66
EC ₉₀ (nM)	25,000	NFC	N/A	878	1,912	1,912
H929-BCMA-KO (GPC5D arm)						
EC ₂₀ (nM)	NFC	19	NFC	NFC	NFC	NFC
EC ₅₀ (nM)	NFC	66	NFC	NFC	NFC	NFC
EC ₉₀ (nM)	NFC	489	NFC	NFC	NFC	NFC
H929-GPRC5D-KO (BCMA arm)						
EC ₂₀ (nM)	33	17	23	10	12	17
EC ₅₀ (nM)	210	54	224	50	53	54
EC ₉₀ (nM)	3,900	345	7,900	645	535	645

5 EC_x, x% effective concentration; KO, knock out; Med, median; N/A, not assessed; NFC, not full curve; WT, wild type.

The 24-hour kinetic binding experiment was performed on the trispecific antibody BGCB491. Flow cytometry was used to evaluate the binding kinetics on H929 WT and MM.1R WT cell lines at 50, 10, 2 nM throughout 24-hour 37°C incubation (see FIG. 40). As demonstrated in FIG. 40, stable binding profiles were observed on both cell lines over the 24-hour period.

Primary T-cell binding of BGCB491

Flow cytometry was used to evaluate the CD3 arm (i.e., CD3B376) binding of BGCB491 to CD3⁺ pan T cells from 7 different healthy humans. Cell-based EC₅₀ for CD3B376 could not be determined due to lack of saturation kinetics at 1 hour (FIG. 26). Bioinformatic extrapolation was performed (FIG. 27) using the CD3B376xNull control antibody (i.e., GCDB381) molecule, which saturates within 2 μM top concentration dose-response to constrain the top of the non-linear regression curve to generate a full curve that enables estimation of EC_x values (Table 21).

Table 21: Estimation of EC_x values of BGCB491 binding to T cells based on fixed saturation point from bioinformatic extrapolation

Donor	Estimated EC ₂₀ (μM)	95% confidence interval	Estimated EC ₅₀ (μM)	95% confidence interval
D203727	0.222	(0.193, 0.255)	3.37	(3.01, 3.77)
D316144	0.279	(0.237, 0.329)	4.99	(4.26, 5.85)
D327645	0.188	(0.153, 0.230)	3.36	(2.86, 3.94)
Median	0.222		3.37	

EC_x, x% effective concentration; D, donor.

5 Despite use of a weak CD3-binding arm, BGCB491 showed robust subpicomolar
potency with maximal cytotoxicity in both 1:1 and 1:3 E:T ratios in the kinetic cytotoxicity
assay performed on the Incucyte across 3 pan T-cell donors throughout 120 hours. In a
time-course cytotoxicity assay, Incucyte S3 was used to evaluate the kinetic target
cytotoxicity and T-cell activation profiles of BGCB491 in H929-GFP cells across 3 pan
10 T cell donors throughout 120 hours. BGCB491 reached a notable maximal cytotoxicity at
around 72 hours at all concentrations except for the lowest concentration tested (10 pM) at
a 1:3 E:T ratio (FIG. 42). From the kinetic plots, information for percent cytolysis and
T-cell activation at 72-, 93-, and 120-hour timepoints was extracted for the 1:1 E:T ratio
(FIG. 43) and the 1:3 E:T ratio (FIG. 44). BGCB491 showed robust subpicomolar killing
15 potency in both E:T ratios (Table 22). More in-depth cytotoxicity characterizations are
illustrated in Example 12.

**Table 22: Average EC_x values derived from H929-GFP percent cytolysis in kinetic
killing assay**

	E:T 1:1	E:T 1:3
72 hours		
EC ₂₀ (pM)	2.1	1.1
EC ₅₀ (pM)	12.7	6.3
EC ₉₀ (pM)	212.6	93
93 hours		
EC ₂₀ (pM)	0.7	1.6
EC ₅₀ (pM)	0.9	5.5
EC ₉₀ (pM)	1.4	39
120 hours		
EC ₂₀ (pM)	0.4	2.3
EC ₅₀ (pM)	0.7	5.2
EC ₉₀ (pM)	1.8	18.9

EC_x, x% effective concentration; E:T, effector-to-target ratio; GFP, green fluorescent protein.

20 In summary, BGCB491 is a fully human trispecific mAb targeting the TCR CD3
with 1 binding arm and tumor cell surface antigens BCMA or GPRC5D with the remaining
2 binding domains. BGCB491 showed acceptable intrinsic biophysical properties, and
bound to all tested BCMA-, GPRC5D-, and dual BCMA-GPRC5D-expressing cell lines.

25

Example 11: Therapeutic Pharmacology

Part 1. In Vitro Studies

BCMA and GPRC5D Receptor Protein Surface Expression and Density in Test Cell Lines

5 A subset of 4 dual target (i.e., BCMA-GPRC5D) positive cell lines (i.e., MM.1S, H929, JIM-3, and OPM-2) and 2 dual-target-negative cell lines (i.e., MV-4-11 and OCI-AML-3) were characterized for protein expression by fluorescence-activated cell sorting (FACS) using phycoerythrin (PE)-labeled commercial BCMA antibody and an in-house GPRC5D antibody. All target-positive cell lines had a significant shift in expression
 10 pattern compared to isotype control while target-negative cell lines failed to show any expression (Table 23). These 6 cell lines with various levels of target protein expression on their surface were selected for further in vitro and in vivo functional assays.

Table 23: Summary of BCMA and GPRC5D receptor densities in test cell lines

Cell line	GPRC5D (Assay-1)	GPRC5D (Assay-2)	GPRC5D (Average)	BCMA (Assay-1)	BCMA (Assay-2)	BCMA (Average)
MM.1S	2,091	4,899	3,495	1,870	2,237	2,053
H929	2,443	1,995	2,219	6,955	6,908	6,932
OPM-2	12,109	8,159	10,134	5,703	4,411	5,057
JIM-3	1,438	1,528	1,483	922	1,533	1,228
MV-4-11	37	92	64	72	52	62
OCI-AML-3	19	67	43	89	85	87

15 Target receptor densities quantified on target-positive and target-negative cells using a QuantiBRITE kit. Individual values and average of 2 individual experiments listed above.

BGCB491 Binding to Endogenous BCMA-GPRC5D-expressing Cell Lines

Next, BGCB491 (BCMAxGPRC5DxCD3 trispecific mAb) binding profiles were determined by applying flow cytometry methods. BGCB491 and BCMAxGPRC5DxNull
 20 control antibodies bound to BCMA-GPRC5D-expressing MM cells in a dose-dependent manner (EC₅₀ values: MM.1S, 33.39 nM; H929, 185.50 nM; JIM-3, 78.45 nM; OPM-2, 10.07 nM; FIG. 41) while CD3xNullxNull control antibodies showed no significant binding on these cells. None of the antibodies tested bound to dual-target-negative cell lines MV-4-11 and OCI-AML-3, indicating BGCB491 specificity.

25

BGCB491-mediated T-cell-dependent Cytotoxicity of MM Cell Lines and T-cell Activation

A T-cell-mediated cytotoxicity assay was used to evaluate the in vitro cytotoxicity and T-cell activation potential of BGCB491 using a FACS-based approach. BGCB491 was tested on various cell lines (BCMA-GPRC5D dual positive: MM.1S, H929, JIM-3,
 30 OPM-2; and BCMA-GPRC5D dual negative: MV-4-11 and OCI-AML-3) using pan T cells (CD3⁺) from 6 healthy donors. Because the Fc receptor is expressed on some of the

- 5 cells tested, 2 mg/mL of Fc blocker was added in the assay. Additionally, BCMAxGPRC5DxNull and CD3xNullxNull were used as negative controls. BGCB491 potentially killed BCMA-GPRC5D-dual-positive cell lines in vitro after 72 hours of incubation (FIG. 28A, Table 24). BGCB491 was found to be a potent trispecific antibody with an EC₅₀ value range of 0.002 to 0.312 nM for cytotoxicity and 0.008 to 1.070 nM for
- 10 T-cell activation as measured by CD3⁺CD25⁺ live T cells across all dual-target-positive cell lines. Concomitant T-cell activation was observed with only dual-target-positive cells as expected (FIG. 28B, Table 24). BGCB491 did not induce cytotoxicity or T-cell activation when tested with dual-target-negative cell lines MV-4-11 and OCI-AML-3, demonstrating the cytotoxic specificity. BCMAxGPRC5DxNull and CD3xNullxNull
- 15 controls showed no significant cytotoxicity except for the MM.1S cell line where CD3xNullxNull antibody showed some activity at high concentrations (>100 nM).

Table 24: Summary of EC_x values for cytotoxicity and T-cell activation using T cells from multiple healthy donors

	MM.1S	H929	JIM-3	OPM-2	MV-4-11	OCI-AML-3
Cytotoxicity						
EC ₂₀ (nM)	0.001	0.002	0.094	0.009	NA	NA
EC ₅₀ (nM)	0.002	0.005	0.312	0.019	NA	NA
EC ₉₀ (nM)	0.012	0.015	2.078	0.058	NA	NA
Max cytotoxicity (%)	92.580	94.470	61.220	81.320	NA	NA
CD3 T-cell activation						
EC ₂₀ (nM)	0.002	0.002	0.242	0.006	NA	NA
EC ₅₀ (nM)	0.010	0.008	1.070	0.062	NA	NA
EC ₉₀ (nM)	0.145	0.057	11.303	2.726	NA	NA
Max activation (%)	75.030	85.900	30.850	45.950	NA	NA

- EC_x, x% effective concentration; NA, not active.
- 20 Average EC_x values from 6 T-cell donors for cytotoxicity and T-cell activation are shown for each cell line. EC_x values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals were calculated using the delta method. The nonlinear mixed effects R package was used for model fitting.

25 *H929 CRISPR Knockout Cell Generation and Target Expression*

BCMA and GPRC5D Receptor Protein Expression and Density in CRISPR Knockout H929 Cell Lines

- Next, to evaluate BGCB491 potential to kill single-target-expressing cells, H929 clustered regularly interspaced short palindromic repeats (CRISPR) KO cell lines (i.e.,
- 30 H929-BCMA-KO and H929-GPRC5D-KO) were used in a cytotoxicity assay. These cells were sequence confirmed as described in the legend of FIG. 25 and were characterized for

5 protein expression by FACS using PE-labeled commercial BCMA antibody and an in-house PE-labeled GPRC5D antibody. Expression profiles indicated complete knockout of BCMA expression in the H929-BCMA-KO cell line and of GPRC5D expression in the H929-GPRC5D-KO cell line.

10 BGCB491-mediated Cytotoxicity of H929 CRISPR KO Clonal Cell Lines and T-cell Activation

Next, BGCB491 antibody was tested on CRISPR KO and wild-type (WT) cell lines (i.e., H929-WT, H929-GPRC5D-KO, and H929-BCMA-KO) using pan T cells (CD3⁺) from 4 healthy donors to evaluate its clonal depletion potential using a FACS-based
 15 protocol. Additionally, BCMAxGPRC5DxNull and CD3xNullxNull were used as negative controls. BGCB491 potentially killed all 3 cell lines (i.e., H929-WT, H929-GPRC5D-KO, and H929-BCMA-KO) and activated T cells in vitro after 72 hours of incubation (FIG. 29). BGCB491 exhibited significant potency in a dual-target-expressing H929-WT cells compared to single-target-expressing CRISPR KO cell lines due to avidity.
 20 BCMAxGPRC5DxNull and CD3xNullxNull showed no significant cytotoxicity or T-cell activation. Average EC₅₀ values using 4 different healthy T-cell donors are compiled in Table 25A. Teclistamab (BCMAxCD3 bispecific antibody) and talquetamab (GPRC5DxCD3 bispecific antibody) were used as positive controls and behaved as expected. Table 25B shows the receptor density values per cell of the H929 cells.

25 **Table 25A: Summary of BGCB491 EC₅₀ values for cytotoxicity and T-cell activation using CRISPR KO H929 cells**

Estimate	BGCB49 1	CD3xNullxNul I	BCMAxGPRC5DxNu II	Teclistamab	Talquetamab
Cytotoxicity					
H929-WT					
EC ₅₀ (nM)	0.007	NA	NA	0.275	0.243
Max cytotoxicity (%)	93.012	NA	NA	92.072	92.741
H929-GPRC5D-KO					
EC ₅₀ (nM)	0.330	NA	NA	0.198	NA
Max cytotoxicity (%)	94.243	NA	NA	93.017	NA
H929-BCMA-KO					
EC ₅₀ (nM)	4.789	NA	NA	NA	0.761
Max cytotoxicity (%)	65.822	NA	NA	NA	84.664
CD3 T-cell activation					
H929-WT					
EC ₅₀ (nM)	0.011	NA	NA	0.334	0.233
Max cytotoxicity (%)	82.147	NA	NA	80.196	85.399
H929-GPRC5D-KO					
EC ₅₀ (nM)	0.487	NA	NA	0.253	NA
Max cytotoxicity (%)	81.084	NA	NA	79.450	NA
H929-BCMA-KO					
EC ₅₀ (nM)	4.131	NA	NA	NA	0.633
Max cytotoxicity (%)	63.379	NA	NA	NA	78.888

- 5 CRISPR, clustered regularly interspaced short palindromic repeats; EC₅₀, 50% effective concentration; E:T, effector to target; Fc, fragment crystallizable; KO, knock out; NA, not active.
- Average EC₅₀ values from 4 T-cell donors for cytotoxicity and T-cell activation are shown for each cell line (H929-WT, H929-GPRC5D-KO, and H929-BCMA-KO). EC₅₀ values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals were calculated using the delta method. The nonlinear mixed effects R package was used for model fitting. Teclistamab and talquetamab were used as
- 10 positive controls.

Table 25B: Receptor density of H929 cells

Cells		H929-WT	H929-GPRC5D-KO	H929-BCMA-KO
Receptor	BCMA	5381	3926	1
density	GPRC5D	1574	19	957

- 15 *Cytotoxicity and T-cell Activation Potential of BGCB491 Against Dual-target-positive H929 Cells Spiked in Healthy Human Whole Blood (MABEL Assay)*

The MABEL assay was used to characterize the effects of BGCB491 in a more physiologically relevant environment. Here, dual-target-positive H929 cells were added to human healthy whole blood to establish cytotoxicity, T-cell activation, and cytokine

20 parameters. The H929 cell line was selected based on its compatibility in a human whole-

- 5 blood environment for 48 hours. BGCB491 potently killed dual-target-positive H929 cells and activated T cells in this cocultured whole-blood assay after 48 hours of incubation (FIG. 30). BGCB491 had a mean average EC₅₀ value of 0.274 nM for cytotoxicity and of 0.376 nM for CD3⁺ T-cell activation when tested using whole blood from 7 different healthy donors (Table 26). BCMAxGPRC5DxNull and CD3xNullxNull showed no
10 significant cytotoxicity or T-cell activation. Cytokines were quantified using a 10-plex Meso Scale Discovery (MSD)-based protocol from 3 different whole-blood donors (FIG. 31, Table 27). Positive controls teclistamab and talquetamab showed specific activity.

Table 26: Cytotoxicity and T-cell activation EC_x values (nM) for MABEL assay

	BGCB491	CD3x Nullx Null	BCMAx GPRC5Dx Null	Teclistamab	Talquetamab
Cytotoxicity					
EC ₂₀	0.063 (0.027, 0.146)	NA	NA	1.273 (0.715, 2.268)	1.272 (0.843, 1.919)
EC ₃₀	0.112 (0.049, 0.253)	NA	NA	1.549 (0.877, 2.733)	1.744 (1.186, 2.566)
EC ₅₀	0.274 (0.123, 0.612)	NA	NA	2.106 (1.196, 3.707)	2.866 (1.978, 4.151)
EC ₉₀	2.804 (1.142, 6.883)	NA	NA	4.675 (2.513, 8.699)	10.379 (6.471, 16.646)
Max	49.765 (41.946, 57.583)	NA	NA	50.309 (41.780, 58.837)	44.761 (35.940, 53.582)
CD3⁺ T-cell activation					
EC ₂₀	0.042 (0.018, 0.098)	NA	NA	1.043 (0.692, 1.574)	0.677 (0.436, 1.050)
EC ₃₀	0.098 (0.043, 0.223)	NA	NA	1.378 (0.926, 2.051)	0.927 (0.624, 1.377)
EC ₅₀	0.376 (0.168, 0.839)	NA	NA	2.135 (1.446, 3.152)	1.521 (1.052, 2.199)
EC ₉₀	12.150 (4.684, 31.514)	NA	NA	6.641 (4.249, 10.378)	5.491 (3.196, 9.436)
Max	43.685 (34.087, 53.282)	NA	NA	37.993 (31.416, 44.570)	40.780 (33.202, 48.357)
CD4⁺ T-cell activation					
EC ₂₀	0.031 (0.013, 0.071)	NA	NA	0.830 (0.529, 1.302)	0.585 (0.370, 0.924)
EC ₃₀	0.069 (0.030, 0.156)	NA	NA	1.124 (0.733, 1.725)	0.812 (0.540, 1.220)
EC ₅₀	0.248 (0.110, 0.556)	NA	NA	1.814 (1.199, 2.744)	1.361 (0.934, 1.982)
EC ₉₀	6.820 (2.815, 16.522)	NA	NA	6.263 (3.781, 10.375)	5.191 (2.921, 9.224)
Max	52.423 (44.614, 60.232)	NA	NA	48.005 (41.702, 54.308)	52.079 (45.784, 58.374)
CD8⁺ T-cell activation					
EC ₂₀	0.034 (0.016, 0.071)	NA	NA	0.903 (0.632, 1.291)	0.506 (0.337, 0.760)
EC ₃₀	0.068 (0.034, 0.138)	NA	NA	1.189 (0.840, 1.683)	0.693 (0.472, 1.018)
EC ₅₀	0.206 (0.105, 0.406)	NA	NA	1.831 (1.300, 2.577)	1.137 (0.784, 1.648)
EC ₉₀	3.674 (1.550, 8.708)	NA	NA	5.610 (3.837, 8.201)	4.102 (2.585, 6.508)
Max	61.800 (51.931, 71.669)	NA	NA	63.628 (57.194, 70.062)	66.038 (59.506, 72.571)

- 15 EC_x, x% effective concentration; E:T, effector to target; MABEL, minimum anticipated biological effect level; Max, maximal value; NA, not active.
BGCB491 was added to whole blood at various concentrations in the presence of target cells (H929) and incubated for 48 hours. The target cells were spiked into whole blood at an optimal E:T ratio of 5:1. The study was conducted using 7 healthy human donor whole-blood samples (donor ID: 10145, 10403, 10420, 10083, 10463, 10493, and 10145). EC_x values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals (indicated between brackets) were calculated using the delta
20 method. The nonlinear mixed effects R package was used for model fitting. Maximal cytotoxicity/activation values are percentages.

5 **Table 27: Individual cytokine EC₅₀ values for MABEL assay.**

Cytokine	BGCB491		Teclistamab		Talquetamab	
	EC ₅₀ (nM)	Max (95% CI) (pg/mL)	EC ₅₀ (nM)	Max (95% CI) (pg/mL)	EC ₅₀ (nM)	Max (95% CI) (pg/mL)
INF- γ	0.172	24,856.5	0.994	32,357.6	2.144	35,384.7
TNF- α	0.398	886.8	1.721	819.9	3.474	935.7
IL-1 β	0.156	36.5	1.621	35.1	1.336	30.2
IL-2	0.585	1,385.4	1.409	1,270.2	3.911	1,725.4
IL-4	0.156	14.4	1.529	15.1	1.408	11.9
IL-6	0.104	572.3	1.235	549.8	1.209	440.7
IL-10	0.924	472.6	7.694	495.6	1.2	365.8
IL-13	0.254	144.4	0.769	146.3	0.832	145.7

95% CI, 95% confidence interval; EC₅₀, 50% effective concentration; IL, interleukin; IFN, interferon; MABEL, minimum anticipated biological effect level; Max, maximal concentration; MSD, Meso Scale Discovery; TNF, tumor necrosis factor.

10 H929 cell supernatants from the above cytotoxicity experiment (FIG. 30, 3 T-cell donors) were collected and analyzed for cytokine levels using an MSD-based multiplex assay (Cat #: K15049D). Maximal cytokine levels were expressed as pg/mL (with 95% confidence intervals between brackets).

BGCB491-mediated Cytotoxicity of MM Patient Bone Marrow CD138⁺ Cells

To evaluate the potency of BGCB491 in primary samples from MM patients, this

15 trispecific mAb was tested in a cytotoxic assay using frozen bone marrow mononuclear cells from 4 different MM patients and T cells from a healthy donor. Equal numbers of exogenous T cells and bone marrow mononuclear cells (i.e., 100,000; E:T ratio=1:1) were mixed and incubated with BGCB491, CD3xNullxNull, teclistamab, or talquetamab for 48 hours. Antibody-mediated plasma cell depletion and T-cell activation potential were

20 measured using a flow-cytometry-based approach. BGCB491 induced CD138⁺ plasma cell depletion of all patient samples in a dose-dependent manner after 48 hours of coculture with healthy normal T cells (FIG. 32). T-cell activation data correlated well with the cytotoxicity data, as expected. This data confirms that BGCB491 is cytotoxic to primary MM bone marrow cells in an ex vivo coculture assay. The donor-specific EC_x values for

25 plasma cell depletion and T-cell activation are listed in Table 28. CD3xNullxNull control antibody was tested in 3 samples that had enough cells for all 4 molecules, and showed some minimal non-specific plasma cell depletion and T-cell activation at higher concentrations (>1 nM). Teclistamab and talquetamab were used as positive controls and behaved as expected.

30 **Table 28: Summary of BGCB491 EC_x values for cytotoxicity and T-cell activation using primary MM bone marrow mononuclear cells**

EC _x	Cytotoxicity			T-cell activation		
	BGCB491	Teclistama b	Talquetama b	BGCB491	Teclistama b	Talquetama b
BM MNC ID # 626						
EC ₂₀ (nM)	0.281	0.164	0.080	0.062	0.196	0.081
EC ₃₀ (nM)	0.598	0.242	0.169	0.139	0.320	0.126
EC ₅₀ (nM)	1.961	0.443	0.545	0.488	0.689	0.255
EC ₉₀ (nM)	42.630	2.138	11.300	12.760	5.047	1.582
BM MNC ID # 649						
EC ₂₀ (nM)	0.345	0.111	0.387	0.005	0.090	0.068
EC ₃₀ (nM)	0.650	0.200	0.713	0.028	0.201	0.118
EC ₅₀ (nM)	1.762	0.506	1.858	0.381	0.712	0.278
EC ₉₀ (nM)	23.400	5.599	22.310	330.900	19.050	2.586
BM MNC ID # 652						
EC ₂₀ (nM)	0.073	~0.6316	0.304	0.005	0.106	0.015
EC ₃₀ (nM)	0.108	~0.7015	0.482	0.009	0.137	0.024
EC ₅₀ (nM)	0.202	~0.7440	0.990	0.019	0.204	0.051
EC ₉₀ (nM)	1.017	~0.9663	6.421	0.153	0.576	0.334
BM MNC ID # 653						
EC ₂₀ (nM)	0.071	0.114	0.203	0.013	0.033	0.028
EC ₃₀ (nM)	0.145	0.223	0.482	0.030	0.064	0.058
EC ₅₀ (nM)	0.446	0.641	1.877	0.120	0.179	0.181
EC ₉₀ (nM)	8.183	9.900	63.680	4.355	2.627	3.407
Average						
EC ₂₀ (nM)	0.192	0.130	0.244	0.021	0.106	0.048
EC ₃₀ (nM)	0.375	0.222	0.461	0.051	0.180	0.082
EC ₅₀ (nM)	1.093	0.530	1.317	0.252	0.446	0.191
EC ₉₀ (nM)	18.808	5.879	25.928	87.042	6.825	1.977

- 5 BM, bone marrow; EC_x, x% effective concentration; E:T, effector to target; MM, multiple myeloma; MNC, mononuclear cell.

5 BGCB491 was added to MM BM MNCs at various concentrations in the presence of healthy T cells at 1:1 E:T ratio and incubated for 48 hours. The study was conducted using 4 MM patient bone marrow samples (donor ID: MM BM MNC-626, 649, 652, and 653). In this experiment teclistamab and talquetamab were used as positive controls. EC_x values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals were calculated using the delta method. The nonlinear mixed effects R package was used for model fitting.

BGCB491 Cytotoxicity Potential at Various E:T Ratios and Incubation Times

Further, BGCB491 target cell cytotoxicity potential was tested using a T-cell-mediated cytotoxicity assay with several E:T ratios and different incubation times to understand its ability to deplete myeloma cells in a clinical setting. As test cell lines, H929 cells were mixed with T cells (donor ID: 20063323) to attain a E:T ratios of 5:1, 3:1, 1:1, and 0.5:1 in presence of BGCB491, BCMAxGPC5DxNull, and CD3xNullxNull, and incubations were performed for 72 hours. For a time-course experiment, 3:1 and 1:1 E:T ratios were selected for testing at 24, 48, 72, 96, 120, 144 and 168 hours of incubation. The receptor density per cell for BCMA and GPRC5D is 5381 and 1574, respectively, in H929 cells. BGCB491 potently killed H929 cells at all E:T ratios tested with comparable EC₅₀ values for cytotoxicity and for T-cell activation (FIG. 33A, Table 29). BGCB491 initiated target cell cytotoxicity from the earliest time point tested (24 hours) and its potency and efficacy increased with time till 72 hours of incubation where it almost reached a plateau (FIG. 33B). BGCB491 potently killed H929 cells at all time points tested with EC₅₀ values ranging between 0.001 and 0.022 nM for cytotoxicity and between 0.005 and 0.067 nM for T-cell activation (3:1 E:T ratio). For the 1:1 E:T ratio assay, the EC₅₀ values ranged between 0.004 and 0.025 nM for cytotoxicity and between 0.006 and 0.083 nM for T-cell activation (FIG. 33B, Table 30). This data indicates that the trispecific mAb BGCB491 is very efficient and can benefit in situations where T-cell count is limiting. However, at a lower E:T ratio of 0.5:1 the maximal cytotoxicity percentage was much lower (~20%) than at other conditions tested in the 72-hour incubation assay. It would be interesting to see if longer incubation times can improve the maximum cytotoxicity at these lower T-cell counts. In a separate study, BGCB491 showed measurable, low-affinity binding to primary human T cells expressing CD3 from multiple donors (FIG. 26) with robust cytotoxicity of H929 cells at both 1:1 and 1:3 E:T ratios (FIG. 43, FIG. 44).

5 **Table 29: Summary of BGCB491 EC_x values for cytotoxicity and T-cell activation in E:T ratio assay**

E:T ratio	EC _x	Cytotoxicity	CD3 ⁺ T-cell activation
5:1	EC ₂₀ (nM)	0.007	0.008
	EC ₅₀ (nM)	0.014	0.022
	EC ₉₀ (nM)	0.040	0.097
3:1	EC ₂₀ (nM)	0.006	0.005
	EC ₅₀ (nM)	0.023	0.027
	EC ₉₀ (nM)	0.192	0.343
1:1	EC ₂₀ (nM)	0.008	0.004
	EC ₅₀ (nM)	0.038	0.031
	EC ₉₀ (nM)	0.445	0.993
0.5:1	EC ₂₀ (nM)	0.013	0.005
	EC ₅₀ (nM)	0.088	0.033
	EC ₉₀ (nM)	1.919	0.662

CD, cluster of differentiation; EC_x, x% effective concentration; E:T, effector to target.

10 BGCB491 was tested in presence of pan T cells from 1 healthy donor (donor ID: 20063323) at various E:T ratios (5:1, 3:1, 1:1, and 0.5:1) for 72 hours. Target cell death and T-cell activation was measured and expressed as percent cytotoxicity and percent CD25⁺CD3⁺ T cells. EC_x values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals were calculated using the delta method. The nonlinear mixed effects R package was used for model fitting.

15 **Table 30: Summary of BGCB491 EC_x values for cytotoxicity and T-cell activation in time-course assay**

Endpoint	EC _x	Incubation time (hours)						
		24	48	72	96	120	144	168
E:T ratio 3:1								
Cytotoxicity	EC ₂₀ (nM)	0.005	0.002	0.001	0.001	0	0.001	0.001
	EC ₅₀ (nM)	0.022	0.006	0.002	0.001	0.001	0.002	0.001
	EC ₉₀ (nM)	0.258	0.033	0.007	0.004	0.005	0.004	0.003
CD3 ⁺ T-cell activation	EC ₂₀ (nM)	0.011	0.004	0.002	0.001	0.001	0.001	0.001
	EC ₅₀ (nM)	0.067	0.015	0.007	0.006	0.005	0.01	0.008
	EC ₉₀ (nM)	1.255	0.121	0.064	0.087	0.102	0.307	0.385
E:T ratio 1:1								
Cytotoxicity	EC ₂₀ (nM)	0.004	0.003	0.002	0.001	0.002	0.003	0.003
	EC ₅₀ (nM)	0.019	0.025	0.007	0.004	0.004	0.006	0.006
	EC ₉₀ (nM)	0.224	0.585	0.039	0.017	0.013	0.017	0.019
CD3 ⁺ T-cell activation	EC ₂₀ (nM)	0.008	0.004	0.002	0.002	0.002	0.003	0.003
	EC ₅₀ (nM)	0.083	0.024	0.009	0.006	0.006	0.009	0.01
	EC ₉₀ (nM)	3.117	0.448	0.086	0.047	0.04	0.056	0.066

CD, cluster of differentiation; EC_x, x% effective concentration; E:T, effector to target.

20 For time-course assay, BGCB491 was tested at an E:T ratio of 3:1 and 1:1 for various time points (24, 48, 72, 96, 120, 144, and 168 hours) using 4 different T-cell donors (donor ID: 20062105, 20063309, 20061963, and 20063310). Target cell death and T-cell activation was measured and expressed as percent cytotoxicity and percent CD25⁺CD3⁺ T cells. EC_x values were estimated post-hoc from a 4PL model with donor as a random effect. 95% confidence intervals were calculated using the delta method. The nonlinear mixed effects R package was used for model fitting.

Effect of BGCB491 on T-cell Activation in the Absence of Target Cells

5 To assess whether BGCB491 promotes unwanted T-cell activation in the absence of target engagement, the effect of BGCB491 in a T-cell activation assay was tested. In the first study, 6 normal healthy donor T-cell samples were incubated in the presence of various concentrations of BGCB491 for 72 hours (FIG. 34A). In the second study a more physiologically relevant assay format was used where BCMA-GPRC5D-positive cells are
10 absent in healthy human whole blood, and here BGCB491 was added in 6 normal healthy donor whole-blood samples at various concentrations for 48 hours (FIG. 34B). T-cell activation and cytotoxicity effects were then measured by scoring CD25-positive CD3⁺, CD4⁺, and CD8⁺ T cells or percent cell death of various blood cells (FIG. 34C; neutrophils, monocytes, B cells, NK cells, plasmablasts) by flow cytometry. BGCB491 had no
15 significant impact on the activation of T cells or on non-specific cell death in the absence of BCMA-GPRC5D-expressing target cells (FIGs. 34B and C). Minimal T-cell activation was observed at concentrations >10 nM.

Part 2. In Vivo Studies

20 The antitumor efficacy of BGCB491 was evaluated in RPMI 8226 (Study A) and H929-CRISPR-KO (Study B) human MM xenografts. To provide a suitable host for engrafting human tumors and human T cells, female NSG (i.e., non-obese diabetic [NOD] severe combined immunodeficiency [*scid*] gamma or NOD.Cg-*Prkdc*^{*scid*} *Il2rg*^{*tm1Wjl*}/SzJ) mice were used for both studies.

25 In Study A, mice were implanted SC with RPMI 8226 cells on Day 0. Human pan T cells were engrafted intraperitoneally (IP) on Day 18 post tumor cell engraftment. Treatments with vehicle, BGCB491, teclistamab, or talquetamab were administered IP starting on Day 19 and continued twice weekly for a total of 8 treatments. Study B was performed as a prevention study injecting human expanded pan T cells IP on Day -1.
30 H929-BCMA-KO cells were implanted SC in the left flank of NSG mice, while H929-GPRC5D-KO cells were implanted SC in the right flank on Day 0. Treatments with vehicle (i.e., phosphate-buffered saline [PBS]), BGCB491, teclistamab, and talquetamab were initiated on Day 1, and administered twice weekly for 7 treatments.

5 In Study A (regression model) percent Δ tumor growth inhibition (TGI) of
RPMI 8226 xenografts was calculated on Day 38, when >70% of vehicle-treated control
animals remained on study. The receptor density per cell for BCMA and GPRC5D is 2317
and 486, respectively, in RPMI 8226 cells. Statistically significant Δ TGI was observed
with BGCB491 at 0.4 mg/kg (equivalent to approximately 8 μ g for a 20-gram mouse),
10 1 mg/kg (20 μ g/mouse), and 2.5 mg/kg (50 μ g/mouse), resulting in Δ TGI values of 90.5%,
106.2%, and 111.2%, respectively ($p < 0.05$ for all groups versus vehicle controls) (FIG.
35). The lowest dose of 0.1 mg/kg (2 μ g/mouse) resulted in 38.4% Δ TGI ($p = 0.035$), which
was deemed not efficacious. Teclistamab inhibited tumor growth with 85% Δ TGI at
0.4 mg/kg, 105.6% Δ TGI at 1 mg/kg, and 111.9% Δ TGI at 2.5 mg/kg, respectively, as
15 compared to PBS-treated control mice, whereas talquetamab dosed at 2.5 mg/kg inhibited
RPMI 8226 tumor growth by 77.2% Δ TGI ($p < 0.05$ for all groups versus PBS-treated
controls).

In the RPMI 8226 model, BGCB491-mediated tumor regressions continued to be
observed for more than 2 weeks post treatment cessation. Percent tumor regression (TR) as
20 compared to initial tumor burden was evaluated on Day 60, which was 19 days post last
dose. Tumor regression was observed with BGCB491 at 1 and 2.5 mg/kg resulting in TR
values of 80.27% ($p < 0.0001$) and 100% ($p < 0.0001$), respectively. The 0.4 mg/kg dose had
28.7% TR on Day 60 but was not statistically significant. Teclistamab, likewise, elicited
TR with 68.88% ($p = 0.0025$) at 1 mg/kg and 100% ($p < 0.0001$) at 2.5 mg/kg. In in vitro
25 testing using RPMI 8226 cells in a 72-hours incubation assay, BGCB491 showed a similar
cytotoxicity profile with no additive effect compared to teclistamab or talquetamab
individually.

In Study B (prophylactic model), percent TGI was calculated on Day 22 post tumor
implantation, when >70% of animals remained on study. Statistically significant TGI
30 against BCMA-KO tumors was observed with BGCB491 at 0.1, 0.25, and 0.5 mg/kg
resulting in 89.2%, 91.1%, and 83.6% TGI, respectively, as compared with PBS-treated
controls (all p -values < 0.05 ; FIG. 36). Teclistamab had no efficacy at both dose levels
tested (0.1 mg/kg, 17.2% TGI; and 0.25 mg/kg, 19.9% TGI), while talquetamab inhibited
tumor growth 100% at both the 0.1 and 0.25 mg/kg dose levels ($p < 0.05$). Against

5 GPRC5D-KO tumors, BGCB491 treatment resulted in significant efficacy with 100% TGI at 0.1, 0.25, and 0.5 mg/kg dose levels ($p < 0.05$ for all groups). The 0.025 mg/kg dose had a minor effect of 22.09% TGI that was not considered biologically significant (34).
Teclistamab inhibited H929-GPRC5D-KO tumor growth by 100% TGI at both the 0.1 and 0.25 mg/kg dose levels ($p < 0.05$), talquetamab had no effect. The receptor density per cell
10 for BCMA and GPRC5D is 1 and 957, respectively, in H929 BCMA-KO cells. The receptor density per cell for BCMA and GPRC5D is 3926 and 19, respectively, in H929 GPRC5D-KO cells.

Animals were monitored post treatment until signs of graft-versus-host disease (GvHD)-related morbidity manifested at which time the animals were euthanized and the
15 study was concluded.

In summary, the trispecific mAb BGCB491 exhibited efficacy in numerous MM cell lines and was able to deplete a clonal population that expressed either single targets or dual targets. BGCB491 was also able to kill target-expressing cells in a more physiological setting like the whole-blood assay. Importantly, BGCB491 was able to deplete MM patient
20 plasma cells in a dose-dependent manner. BGCB491 efficacy was also reflected in significant reductions in tumor growth in in vivo mouse xenograft models. Finally, there was no non-specific T-cell activation or cytotoxicity of target-negative cells. These results indicate that BGCB491 may have significant therapeutic potential in treating MM patients.

In a further in vivo study, the antitumor efficacy of BGCB491 was evaluated in
25 MM.1S (Study C) human MM xenografts. To provide a suitable host for engrafting human tumors and human T cells, female NSG (i.e., non-obese diabetic [NOD] severe combined immunodeficiency [*scid*] gamma or NOD.Cg-*Prkdc*^{*scid*} *Il2rg*^{*tm1Wjl*}/SzJ) mice were used for the study.

In Study C, mice were implanted SC with MM.1S cells on Day 0. Human expanded
30 pan T cells were engrafted intraperitoneally (IP) on Day 13 post tumor cell engraftment, and treatments with vehicle, BGCB491, teclistamab, or talquetamab were administered IP starting on Day 15 and continued twice weekly for a total of 7 treatments.

The percent tumor growth inhibition (TGI) was calculated on Day 34 post tumor implantation, when >70% of animals remained on study. Statistically significant TGI

5 against MM.1S tumors was observed with BGCB491 at 0.025, 0.1, 0.5, and 1 mg/kg resulting in 66.9%, 91.2%, 99.7% and 100% TGI, respectively, as compared with PBS-treated controls (all p-values <0.05; **FIG. 45**). Teclistamab inhibited tumor growth at both dose levels tested (0.1 mg/kg, 73.7% TGI; and 0.5 mg/kg, 92.3% TGI (p<0.05). Talquetamab was efficacious with 90.9% TGI at 0.025 mg/kg and 99.4% at 0.1 mg/kg
10 (p<0.05).

BGCB491-mediated tumor regressions for 2 weeks post treatment cessation. Percent tumor regression (TR) as compared to initial tumor burden was evaluated on Day 51, 14 days post last dose. Tumor regression was observed with BGCB491 at 0.5 and 1 mg/kg resulting in TR values of 100% each (8 out of 8 complete regression of established
15 tumors). The 0.4 mg/kg dose had 28.7% TR on Day 60 but was not statistically significant. Teclistamab did not elicit any tumor regression, but talquetamab at 0.1 mg/kg resulted in 100% TR of established MM.1S tumors.

Example 12: Affinity of Therapeutic to Human and Other Species

20 The CD3-binding arm (i.e., CD3B376) binds to cynomolgus monkey CD3. Briefly, binding was measured by flow cytometry after incubating human and cynomolgus monkey peripheral blood mononuclear cells (PBMCs) with GCDB381 (i.e., CD3B376 Fab in bivalent IgG1-AAS antibody), CD3B891 (i.e., CD3B376xNull, IgG1-AAS bispecific antibody), or null control.

25 The BCMA (BCMB601, containing BCMB519 scFv) binding arm did not bind to cynomolgus monkey BCMA (Table 19A).

The GPRC5D (i.e., GC5B680) and BCMA binding arms were assessed for cross-reactivity to cynomolgus monkey as part of the BGCB463 molecule, which uses the identical binding arms as BGCB491. Cross reactivity to cynomolgus monkeys was profiled
30 for both target-binding scFv arms using FACS-based cell binding at 37°C for 1 hour with K562 stably expressing human or cynomolgus monkey GPRC5D or BCMA. The cell-based EC₅₀ value for the GC5B680 scFv arm was approximately 30 nM against human GPRC5D-expressing cells and about 10-fold weaker (approximately 400 nM) on cynomolgus monkey GPRC5D-expressing cells. In contrast, the cell-based EC₅₀ value for

- 5 the BCMB519 scFv arm was approximately 145 nM for human BCMA, while there was no detectable binding to cynomolgus BCMA up to 2 μ M.

Example 13: Off-target Toxicity Assessment

- 10 The potential for risks due to off-target binding or functional activity associated with the tumor-antigen-binding arms was assessed using the Retrogenix™ cell microarray (no off-target liabilities were observed) and the functional selectivity TAA⁻ cell line assay, respectively.

- 15 Selectivity of the CD3 arm of BGCB491 was demonstrated by the lack of cytotoxicity and T-cell activation in the absence of target-expressing cells (FIGs. 34A-34C; see Example 12).

GPRC5D Off-target Binding Assessment

- 20 The GPRC5D binder (GC5B1257.001, anti-GPRC5D GC5B680 scFv-Fc) when screened for binding against fixed HEK293 cells individually expressing a library of 5,868 full-length human plasma membrane and cell-surface-tethered human secreted proteins (including all known G-protein-coupled receptor Family C Group 5 [GPRC5] family members) and 371 heterodimers, was determined to bind specifically to its primary target, GPRC5D. No off-target interactions were identified, demonstrating the target specificity of the GPRC5D-binding domain contained in BGCB491.

BCMA Off-target Binding Assessment

- 25 The BCMA binder (BCMB601.001, anti-BCMA BCMB519 scFv-Fc) when screened for binding against fixed HEK293 cells individually expressing a library of 5,475 full-length human plasma membrane and cell-surface-tethered human secreted proteins and 371 heterodimers, was determined to bind specifically to its primary target, BCMA (TNFRSF17). No off-target interactions were identified, demonstrating the target
30 specificity of the BCMA-binding domain contained in BGCB491.

Functional Selectivity in Tumor-associated Antigen-negative Cell Lines

The antigen specificity of BGCB491 is further characterized in an in vitro functional assay using a panel of 5 cancer cell lines that lack expression of GPRC5D, BCMA, and CD3 (as confirmed by flow cytometry), but by transcriptomics are predicted

5 to express >50% of the known cell surface proteins. In coculture studies with healthy donor-derived T cells, BGCB491 is assessed for the induction of antibody-dependent, T-cell-mediated cytokine release of granzyme B, interferon (IFN)- γ , tumor necrosis factor (TNF)- α , and interleukin (IL)-2 when added to cocultures with target cells that express GPRC5D and BCMA (i.e., H929 cells). These data can support the antigen specificity of
 10 BGCB491 to GPRC5D and BCMA.

Example 14: Local Tolerance

Skin reactions were assessed in a PK study in minipigs treated with 0.1 or 0.01 mg/kg BGCB491 SC in 2 to 2.5 mL at 0.05 and 0.5 mg/mL, respectively (see
 15 Göttingen minipig pharmacokinetics in Example 16). No skin reactions were observed.

Example 15: Pharmacokinetics in Preclinical Species

Mouse pharmacokinetics

The serum and tumor PK properties of BGCB491 is characterized in a NSG
 20 MM.1S xenograft mouse model following a single IV injection at 0.5 and 0.1 mg/kg.

Cynomolgus monkey pharmacokinetics

The PK properties of BGCB491 were characterized following a single-dose non-GLP PK study in female cynomolgus monkeys (n=3). BGCB491 was administered IV to
 25 cynomolgus monkeys at a dose level of 0.5 mg/kg (10 mM histidine, pH 6.5). A qualified electrochemiluminescence immunoassay (ECLIA) from MSD was used to quantitate concentrations of total BGCB491. BGCB491 systemic drug exposure assessed by maximum serum concentration (C_{max}) and area under the serum concentration versus time curve (AUC) of 1 dose interval is shown in Table 31, and BGCB491 serum concentrations
 30 are illustrated in FIG. 37.

Table 31: Individual and mean (SD) total BGCB491 PK parameter estimates following a single IV dose of 0.5 mg/kg in cynomolgus monkeys (Group 2; n=3/group)

ID	C _{max} (µg/mL)	AUC _{last} (µg·day/mL)	AUC _{inf} (µg·day/mL)	CL (mL/day/kg)	V _z (mL/kg)	T _{1/2} (day)
2501	9.39	35.61	35.81	13.96	74.51	3.70
2502	8.49	32.73	32.95	15.17	137.01	6.26
2503	9.22	47.95	48.74	10.26	126.52	8.55
Mean	9.03	38.76	39.17	13.13	112.68	6.17
SD	0.48	8.08	8.41	2.56	33.47	2.43

- 5 AUC_{inf}, area under the serum concentration-time curve extrapolated to infinity; AUC_{last}, area under the serum concentration-time curve up to the last sampling point; CL, systemic clearance; C_{max}, maximum serum concentration; IV, intravenous; PK, pharmacokinetics; SD, standard deviation; T_{1/2}, terminal phase elimination half-life; V_z, total systemic clearance.

10 *Göttingen minipig pharmacokinetics*

- The PK properties of BGCB491 were characterized following a single-dose non-GLP PK study in male Göttingen minipigs (n=4/group). BGCB491 was administered IV to minipigs at a dose level of 0.1 mg/kg or SC at dose levels of 0.1 or 0.01 mg/kg (10 mM histidine, pH 6.5). A qualified ECLIA from MSD was used to quantitate concentrations of total BGCB491. The minipig PK study was used to estimate absorption rate (k_a) and SC bioavailability (F) parameters for BGCB491. Drug exposure (C_{max} and AUC_{inf}) increased with dose in an approximately dose-proportional manner in the dose range of 0.01 to 0.1 mg/kg. BGCB491 systemic drug exposure assessed by C_{max} and AUC of 1 dose interval is shown in Table 32, and BGCB491 serum concentrations are illustrated in FIG. 39A.

Table 32: Individual and mean (SD) total BGCB491 PK parameter estimates following a single dose of BGCB491 in male minipigs (n=4/group)

ID	C _{max} (µg/mL)	T _{max} ^a (day)	AUC _{last} (µg·day/mL)	AUC _{inf} (µg·day/mL)	CL (mL/day/kg)	V _z (mL/kg)	T _{1/2} (day)
Group 1: 0.01 mg/kg SC							
1001	0.0512	2.00	0.9688	1.3280	-	-	15.80
1002	0.0515	0.25	0.3699	0.5884	-	-	6.73
1003	0.0473	3.00	0.5145	1.0341	-	-	12.54
1004	0.0587	1.00	0.5769	0.9630	-	-	10.12
Mean	0.0522	1.50	0.6075	0.9784	-	-	11.30
SD	0.0047	0.25-3.00	0.2560	0.3042	-	-	3.83
Group 2: 0.1 mg/kg SC							
2001	0.6308	2.00	10.1287	13.5595	-	-	15.22
2002	0.6264	2.00	7.1009	9.1614	-	-	8.23
2003	0.4533	7.00	5.4560	7.9707	-	-	9.52
2004	0.4717	4.00	5.9607	11.4536	-	-	14.90
Mean	0.5455	3.00	7.1616	10.5363	-	-	11.97
SD	0.0962	2.00-7.00	2.0943	2.4802	-	-	3.61
Group 3: 0.1 mg/kg IV							
3001	1.6311	-	6.1690	8.5061	11.7563	97.0290	5.72
3002	1.8074	-	13.3265	20.4865	4.8813	154.0263	21.87
3003	1.8519	-	6.7074	9.8693	10.1324	95.3027	6.52
3004	1.6333	-	11.7039	16.0389	6.2348	148.9873	16.56
Mean	1.7309	-	9.4767	13.7252	8.2512	123.8363	12.67
SD	0.1154	-	3.5773	5.5730	3.2273	32.0250	7.87

5 AUC_{inf}, area under the serum concentration-time curve extrapolated to infinity; AUC_{last}, area under the serum concentration-time curve up to the last sampling point; CL, systemic clearance; C_{max}, maximum serum concentration; IV, intravenous; PK, pharmacokinetics; SD, standard deviation; T_{1/2}, terminal phase elimination half-life; T_{max}, time to maximum serum concentration; V_z, total systemic clearance.

Extrapolated AUC was >20% for all animals.

10 ^a Median and range are presented for T_{max}.

15

20

25

30

References

1. Ridgway, J. B., Presta, L. G. & Carter, P. 'Knobs-into-holes' engineering of antibody CH3 domains for heavy chain heterodimerization. *Protein Eng* **9**, 617-621, doi:10.1093/protein/9.7.617 (1996).
2. Tustian, A. D., Endicott, C., Adams, B., Mattila, J. & Bak, H. Development of purification processes for fully human bispecific antibodies based upon modification of protein A binding avidity. *MAbs* **8**, 828-838, doi:10.1080/19420862.2016.1160192 (2016).
3. Von Kreudenstein, T. S. et al. Improving biophysical properties of a bispecific antibody scaffold to aid developability: quality by molecular design. *MAbs* **5**, 646-654, doi:10.4161/mabs.25632 (2013).
4. De Groot, A. S. & Martin, W. Reducing risk, improving outcomes: bioengineering less immunogenic protein therapeutics. *Clinical immunology* **131**, 189-201, doi:10.1016/j.clim.2009.01.009 (2009).
5. Usmani SZ, Berdeja JG, Truppel-Hartmann A, et al. KarMMA-4: Idecabtagene vicleucel (ide-cel, bb2121), a BCMA-directed CAR T-cell therapy in high-risk newly diagnosed multiple myeloma. *J Clin Oncol*. 2021;39(15_suppl):TPS8053. doi: 10.1200/JCO.2021.39.15_suppl.TPS8053
6. Berdeja JG, Krishnan AY, Oriol A, et al. Updated results of a phase 1, first-in-human study of talquetamab, a G protein-coupled receptor family C group 5 member D (GPC5D) x CD3 bispecific antibody, in relapsed/refractory multiple myeloma (MM). *J Clin Oncol*. 2021;39(15_suppl):8008. doi: 10.1200/JCO.2021.39.15_suppl.8008
7. Usmani SZ, Berdeja JG, Madduri D, et al. Ciltacabtagene autoleucel, a B-cell maturation antigen (BCMA)-directed chimeric antigen receptor T-cell (CAR-T) therapy, in relapsed/refractory multiple myeloma (R/R MM): updated results from CARTITUDE-1. *J Clin Oncol*. 2021;39(15_suppl):8005. doi: 10.1200/JCO.2021.39.15_suppl.8005
8. Maus MV, June CH. Zoom Zoom: racing CARs for multiple myeloma. *Clin Cancer Res*. 2013;19(8):1917-1919. doi:10.1158/1078-0432.CCR-13-0168
9. Darce JR, Arendt BK, Chang SK, Jelinek DF. Divergent effects of BAFF on human memory B cell differentiation into Ig-secreting cells. *J Immunol*. 2007;178(9):5612-5622. doi:10.4049/jimmunol.178.9.5612
10. Tai YT, Anderson KC. Targeting B-cell maturation antigen in multiple myeloma. *Immunotherapy*. 2015;7(11):1187-1199. doi:10.2217/imt.15.77
11. Patel DR, Wallweber HJ, Yin J, et al. Engineering an APRIL-specific B cell maturation antigen. *J Biol Chem*. 2004;279(16):16727-16735. doi:10.1074/jbc.M312316200

12. Laurent SA, Hoffmann FS, Kuhn PH, et al. γ -Secretase directly sheds the survival receptor BCMA from plasma cells. *Nat Commun.* 2015;6:7333. Published 2015 Jun 11. doi:10.1038/ncomms8333
13. Pillarisetti K, Powers G, Luistro L, et al. Teclistamab is an active T cell-redirecting bispecific antibody against B-cell maturation antigen for multiple myeloma. *Blood Adv.* 2020;4(18):4538-4549. doi:10.1182/bloodadvances.2020002393
14. Sanchez E, Li M, Kitto A, et al. Serum B-cell maturation antigen is elevated in multiple myeloma and correlates with disease status and survival. *Br J Haematol.* 2012;158(6):727-738. doi:10.1111/j.1365-2141.2012.09241.x
15. Huehls AM, Coupet TA, Sentman CL. Bispecific T-cell engagers for cancer immunotherapy. *Immunol Cell Biol.* 2015;93(3):290-296. doi:10.1038/icb.2014.93
16. Strohl WR, Naso M. Bispecific T-cell redirection versus chimeric antigen receptor (CAR)-T cells as approaches to kill cancer cells. *Antibodies (Basel).* 2019;8(3):41. Published 2019 Jul 3. doi:10.3390/antib8030041
17. Shah N, Chari A, Scott E, Mezzi K, Usmani SZ. B-cell maturation antigen (BCMA) in multiple myeloma: rationale for targeting and current therapeutic approaches. *Leukemia.* 2020;34(4):985-1005. doi:10.1038/s41375-020-0734-z
18. Bräuner-Osborne H, Jensen AA, Sheppard PO, Brodin B, Krogsgaard-Larsen P, O'Hara P. Cloning and characterization of a human orphan family C G-protein coupled receptor GPRC5D. *Biochim Biophys Acta.* 2001;1518(3):237-248. doi:10.1016/s0167-4781(01)00197-x
19. Atamaniuk J, Gleiss A, Porpacz E, et al. Overexpression of G protein-coupled receptor 5D in the bone marrow is associated with poor prognosis in patients with multiple myeloma. *Eur J Clin Invest.* 2012;42(9):953-960. doi:10.1111/j.1365-2362.2012.02679.x
20. Frigyesi I, Adolfsson J, Ali M, et al. Robust isolation of malignant plasma cells in multiple myeloma. *Blood.* 2014;123(9):1336-1340. doi:10.1182/blood-2013-09-529800
21. Smith EL, Harrington K, Staehr M, et al. GPRC5D is a target for the immunotherapy of multiple myeloma with rationally designed CAR T cells. *Sci Transl Med.* 2019;11(485):eaau7746. doi:10.1126/scitranslmed.aau7746
22. Pillarisetti K, Edavettal S, Mendonça M, et al. A T-cell-redirecting bispecific G-protein-coupled receptor class 5 member D x CD3 antibody to treat multiple myeloma. *Blood.* 2020;135(15):1232-1243. doi:10.1182/blood.2019003342
23. Verkleij CPM, Broekmans MEC, van Duin M, et al. Preclinical activity and determinants of response of the GPRC5D $\times$ CD3 bispecific antibody talquetamab in multiple myeloma. *Blood Adv.* 2021;5(8):2196-2215. doi:10.1182/bloodadvances.2020003805

24. Kodama T, Kochi Y, Nakai W, et al. Anti-GPRC5D/CD3 bispecific T-cell-redirecting antibody for the treatment of multiple myeloma. *Mol Cancer Ther.* 2019;18(9):1555-1564. doi:10.1158/1535-7163.MCT-18-1216
25. Carpenter RO, Evbuomwan MO, Pittaluga S, et al. B-cell maturation antigen is a promising target for adoptive T-cell therapy of multiple myeloma. *Clin Cancer Res.* 2013;19(8):2048-2060. doi:10.1158/1078-0432.CCR-12-2422
26. Seckinger A, Delgado JA, Moser S, et al. Target Expression, Generation, Preclinical Activity, and Pharmacokinetics of the BCMA-T Cell Bispecific Antibody EM801 for Multiple Myeloma Treatment. *Cancer Cell.* 2017;31(3):396-410. doi:10.1016/j.ccell.2017.02.002
27. Inoue S, Nambu T, Shimomura T. The RAIG family member, GPRC5D, is associated with hard-keratinized structures. *J Invest Dermatol.* 2004;122(3):565-573. doi:10.1046/j.0022-202X.2004.12628.x
28. Rajkumar SV, Harousseau JL, Durie B, et al. Consensus recommendations for the uniform reporting of clinical trials: report of the International Myeloma Workshop Consensus Panel 1. *Blood.* 2011;117(18):4691-4695. doi:10.1182/blood-2010-10-299487
29. Rodriguez-Abreu D, Bordoni A, Zucca E. Epidemiology of hematological malignancies. *Ann Oncol.* 2007;18 Suppl 1:i3-i8. doi:10.1093/annonc/mdl443
30. Michels TC, Petersen KE. Multiple myeloma: diagnosis and treatment. *Am Fam Physician.* 2017;95(6):373-383.
31. Gandhi UH, Cornell RF, Lakshman A, et al. Outcomes of patients with multiple myeloma refractory to CD38-targeted monoclonal antibody therapy. *Leukemia.* 2019;33(9):2266-2275. doi:10.1038/s41375-019-0435-7
32. Dimopoulos MA, San-Miguel J, Belch A, et al. Daratumumab plus lenalidomide and dexamethasone versus lenalidomide and dexamethasone in relapsed or refractory multiple myeloma: updated analysis of POLLUX. *Haematologica.* 2018;103(12):2088-2096. doi:10.3324/haematol.2018.194282
33. Kumar SK, Callander NS, Adekola K, et al. Multiple Myeloma, Version 3.2021, NCCN clinical practice guidelines in oncology. *J Natl Compr Canc Netw.* 2020;18(12):1685-1717. Published 2020 Dec 2. doi:10.6004/jnccn.2020.0057
34. Johnson JI, Decker S, Zaharevitz D, et al. Relationships between drug activity in NCI preclinical in vitro and in vivo models and early clinical trials. *Br J Cancer.* 2001;84(10):1424-1431. doi:10.1054/bjoc.2001.1796
35. Chiu A, Xu W, He B, et al. Hodgkin lymphoma cells express TACI and BCMA receptors and generate survival and proliferation signals in response to BAFF and APRIL. *Blood.* 2007;109(2):729-739. doi:10.1182/blood-2006-04-015958

36. Avery DT, Kalled SL, Ellyard JJ, et al. BAFF selectively enhances the survival of plasmablasts generated from human memory B cells [published correction appears in J Clin Invest. 2004 Apr;113(7):1069]. J Clin Invest. 2003;112(2):286-297. doi:10.1172/JCI18025
37. O'Connor BP, Raman VS, Erickson LD, et al. BCMA is essential for the survival of long-lived bone marrow plasma cells. J Exp Med. 2004;199(1):91-98. doi:10.1084/jem.20031330
38. Bu DX, Singh R, Choi EE, et al. Pre-clinical validation of B cell maturation antigen (BCMA) as a target for T cell immunotherapy of multiple myeloma. Oncotarget. 2018;9(40):25764-25780. Published 2018 May 25. doi:10.18632/oncotarget.25359
39. Carpenter RO, Evbuomwan MO, Pittaluga S, et al. B-cell maturation antigen is a promising target for adoptive T-cell therapy of multiple myeloma. Clin Cancer Res. 2013;19(8):2048-2060. doi:10.1158/1078-0432.CCR-12-2422
40. Laabi Y, Gras MP, Carbonnel F, et al. A new gene, BCM, on chromosome 16 is fused to the interleukin 2 gene by a t(4;16)(q26;p13) translocation in a malignant T cell lymphoma. EMBO J. 1992;11(11):3897-3904.
41. Laabi Y, Gras MP, Brouet JC, Berger R, Larsen CJ, Tsapis A. The BCMA gene, preferentially expressed during B lymphoid maturation, is bidirectionally transcribed. Nucleic Acids Res. 1994;22(7):1147-1154. doi:10.1093/nar/22.7.1147
42. Kalled SL. The role of BAFF in immune function and implications for autoimmunity. Immunol Rev. 2005;204:43-54. doi:10.1111/j.0105-2896.2005.00219.x
43. Ng LG, Sutherland AP, Newton R, et al. B cell-activating factor belonging to the TNF family (BAFF)-R is the principal BAFF receptor facilitating BAFF costimulation of circulating T and B cells. J Immunol. 2004;173(2):807-817. doi:10.4049/jimmunol.173.2.807
44. Venkateshaiah SU, Bam R, Li X, Khan S, Ling W, Randal SS, Yaccoby S. GPRC5D is a cell surface plasma cell marker whose expression is high in myeloma cells and reduced following coculture with osteoclasts. Blood. 2013;122(21):3099. doi:10.1182/blood.V122.21.3099.3099
45. Kamperschroer C, Shenton J, Lebrec H, Leighton JK, Moore PA, Thomas O. Summary of a workshop on preclinical and translational safety assessment of CD3 bispecifics. J Immunotoxicol. 2020;17(1):67-85. doi:10.1080/1547691X.2020.1729902
46. Li J, Piskol R, Ybarra R, et al. CD3 bispecific antibody-induced cytokine release is dispensable for cytotoxic T cell activity. Sci Transl Med. 2019;11(508):eaax8861. doi:10.1126/scitranslmed.aax8861
47. Leong SR, Sukumaran S, Hristopoulos M, et al. An anti-CD3/anti-CLL-1 bispecific antibody for the treatment of acute myeloid leukemia. Blood. 2017;129(5):609-618. doi:10.1182/blood-2016-08-735365

48. Singh A, Dees S, Grewal IS. Overcoming the challenges associated with CD3+ T-cell redirection in cancer. *Br J Cancer*. 2021;124(6):1037-1048. doi:10.1038/s41416-020-01225-5
49. Jain T, Litzow MR. Management of toxicities associated with novel immunotherapy agents in acute lymphoblastic leukemia. *Ther Adv Hematol*. 2020;11:2040620719899897. Published 2020 Jan 20. doi:10.1177/2040620719899897
50. Ling J, Zhou H, Jiao Q, Davis HM. Interspecies scaling of therapeutic monoclonal antibodies: initial look. *J Clin Pharmacol*. 2009;49(12):1382-1402. doi:10.1177/0091270009337134
51. Woo S, Jusko WJ. Interspecies comparisons of pharmacokinetics and pharmacodynamics of recombinant human erythropoietin. *Drug Metab Dispos*. 2007;35(9):1672-1678. doi:10.1124/dmd.107.015248
52. Li J, Stagg NJ, Johnston J, et al. Membrane-proximal epitope facilitates efficient T cell synapse formation by anti-FcRH5/CD3 and is a requirement for myeloma cell killing. *Cancer Cell*. 2017;31(3):383-395. doi:10.1016/j.ccell.2017.02.001
53. ClinicalTrials.gov. NCT02879695: Blinatumomab and nivolumab with or without ipilimumab in treating patients with poor-risk relapsed or refractory CD19+ precursor B-lymphoblastic leukemia. <https://clinicaltrials.gov/ct2/show/NCT02879695>. Accessed: 23 June 2021.
54. Guillerrey C, Nakamura K, Pichler AC, et al. Chemotherapy followed by anti-CD137 mAb immunotherapy improves disease control in a mouse myeloma model. *JCI Insight*. 2019;5(14):e125932. Published 2019 Jun 13. doi:10.1172/jci.insight.125932

The teachings of all patents, published applications and references cited herein are incorporated by reference in their entirety.

While example embodiments have been particularly shown and described, it will be understood by those skilled in the art that various changes in form and details may be made therein without departing from the scope of the embodiments encompassed by the appended claims.

List of Sequences

SEQ ID NO: 1 CD3B376 LCDR1
TGTSSNIGTYKFVS

SEQ ID NO: 2 CD3B376 LCDR2
EVSKRPS

SEQ ID NO: 3 CD3B376 LCDR3
VSYAGSGTLL

SEQ ID NO: 4 CD3B376 HCDR1
GDSVFNNNAAWS

SEQ ID NO: 5 CD3B376 HCDR2
RTYYRSKWLYD

SEQ ID NO: 6 CD3B376 HCDR3
GYSSSFYD

SEQ ID NO: 7 CD3B376 VL
QSALTQPASVSGSPGQSITISCTGTSSNIGTYKFVSWYQQHPDKAPKVLLYEVS
SGVSSRFSGSKSGNTASLTISGLQAEDQADYHCVSYAGSGTLLFGGGTKLTVL

SEQ ID NO: 8 CD3B376 VH
QVQLQQSGPRLVRPSQTLSTCAISGDSVFNNNAAWSWIRQSPSRGLEWLGRTYY
RSKWLYDYAVSVKSRITVNPDTSRNQFTLQLNSVTPEDTALYYCARGYSSSFYD
WGQGTLVTVSS

SEQ ID NO: 9 GC5B680 LCDR1
RSSQSLVHSDGNTYLS

SEQ ID NO: 10 GC5B680 LCDR2
KISNRFF

SEQ ID NO: 11 GC5B680 LCDR3
MQATQFPHT

SEQ ID NO: 12 GC5B680 HCDR1
GFSLTNIRMSVS

SEQ ID NO: 13 GC5B680 HCDR2
HIFSNDEKS

SEQ ID NO: 14 GC5B680 HCDR3
MRLPYGMDV

SEQ ID NO: 15 GC5B680 VL
DIVMTQTPLSSPVTLGQPASISCRSSQSLVHSDGNTYLSWLQQRPGQPPRLLIYKIS
NRFFGVDPDRFSGSGAGTDFTLKISRVEAEDVGYYCMQATQFPHTFGQGTKLEIK

SEQ ID NO: 16 GC5B680 VH
QVTLKESGPVLVKPTETLTLCTVSGFSLTNIRMSVSWIRQPPGKALEWLAHIFSND
EKSYSTSLKSRLTISRDTSKSQVVLTLTNVDPVDTATYYCARMRLPYGMDVWGQ
GTTVTVSS

SEQ ID NO: 17 BCMB519 LCDR1
RASQSISSSFLT

SEQ ID NO: 18 BCMB519 LCDR2
GASSRAT

SEQ ID NO: 19 BCMB519 LCDR3
QHYGSSPMYT

SEQ ID NO: 20 BCMB519 HCDR1
GFTFSSYAMS

SEQ ID NO: 21 BCMB519 HCDR2
AISGSGGSTY

SEQ ID NO: 22 BCMB519 HCDR3
DEGYSSGHYYGMDV

SEQ ID NO: 23 BCMB519 VL
EIVLTQSPGTLSPGERATLSCRASQSISSSFLTWYQQKPGQAPRLLIYGASSRATG
IPDRFSGGGSGTDFTLTISRLEPEDFAVYYCQHYGSSPMYTFGQGTKLEIK

SEQ ID NO: 24 BCMB519 VH
EVQLLES GGGLVQPGGSLRLSCAASGFTFSSYAMSWVRQAPGKGLEWVSAISGSG
GSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKDEGYSSGHYYG
MDVWGQGTTVTVSS

SEQ ID NO: 25 linker
GGSE GKSSGSGSESKSTGGS

SEQ ID NO: 26 BGCB463 Heavy chain 1
QVQLQQSGPRLVRPSQTLSTCAISGDSVFNNNAAWSWIRQSPSRGLEWLGRTYY
RSKWLYDYAVSVKSRITVNPDTSRNQFTLQLNSVTPEDTALYYCARGYSSSFYDW
GQGT LVTVSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGAL
TSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTQTYICNVNHKPSNTKVDKKVEPKS

CDKTHTCPPCPAPEAAGGPSVFLFPPKPKDTLMISRTPEVTCVTVSVSHEDPEVKF
 NWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKA
 LPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLSCAVKGFYPSDIAVEWESN
 GQPENNYKTTPPVLDSDGSFFLVSKLTVDKSRWQQGNVSCSVMHEALHNRFTQ
 KSLSLSPGK

SEQ ID NO: 27 BGCB463 Light chain 1

QSALTQPASVSGSPQSITISCTGTSSNIGTYKFVSWYQQHPDKAPKVLLYEVSKRP
 SGVSSRFSGSKSGNTASLTISGLQAEDQADYHCVSYAGSGTLLFGGGTKLTVLGQP
 KAAPSVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETTPS
 KQSNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTVEKTVAPTECS

SEQ ID NO: 28 BGCB463 Heavy chain 2

DIVMTQTPLSSPVTLGQPASISCRSSQSLVHSDGNTYLSWLQQRPGQPPRLLIYKIS
 NRFFGVDPDRFSGSGAGTDFTLKISRVEAEDVGVYYCMQATQFPHTFGQGTKLEIK
 GGSEKSSGSGSESKSTGGSQVTLKESGPVLVKPTETLTCTVSGFSLTNIRMSVS
 WIRQPPGKALEWLAHIFSNDEKSYSTSLKSRLTISRDTSKSQVVLTLTNVDPVDTA
 TYYCARMRLPYGMDVWVGQTTVTVSSEPKSSDKTHTCPPCPAPEAAGGPSVFLFP
 PKPKDTLMISRTPEVTCVTVSVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNST
 YRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPS
 REEMTKNQVSLWCLVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFFLYSK
 LTVDKSRWQQGNVSCSVMHEALHNYHTQKSLSLSPGKGGSEKSSGSGSESKST
 GGSEIVLTQSPGTLSPGERATLSCRASQSISSSFLTWYQQKPGQAPRLIYGASSR
 ATGIPDRFSGGGSGTDFTLISRLEPEDFAVYYCQHYGSSPMYTFGQGTKLEIKGGS
 EGKSSGSGSESKSTGGSEVQLLESGGGLVQPGGSLRLSCAASGFTFSSYAMSWVR
 QAPGKGLEWVSAISGSGGSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAV
 YYCAKDEGYSSGHYYGMDVWVGQTTVTVS

SEQ ID NO: 29 BGCB491 Heavy chain 1

QVQLQQSGPRLVRPSQTLSTCAISGDSVFNNNAAWSWIRQSPSRGLEWLGRITYY
 RSKWLYDYAVSVKSRITVNPDTSRNQFTLQNSVTPEDTALYYCARGYSSFDYW
 GQGTLVTVSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGAL
 TSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTQTYICNVNHKPSNTKVDKKVEPKS
 CDKTHTCPPCPAPEAAGGPSVFLFPPKPKDTLMISRTPEVTCVTVSVSHEDPEVKF
 NWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKA
 LPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLSCAVKGFYPSDIAVEWESN
 GQPENNYKTTPPVLDSDGSFFLVSKLTVDKSRWQQGNVSCSVMHEALHNRFTQ
 KSLSLSPGKGGGSGGGGSGGGGSGGGGSDIVMTQTPLSSPVTLGQPASISCRSSQ
 SLVHSDGNTYLSWLQQRPGQPPRLIYKISNRFFGVDPDRFSGSGAGTDFTLKISRVE
 AEDVGVYYCMQATQFPHTFGQGTKLEIKGGSEKSSGSGSESKSTGGSQVTLKES
 GPVLVKPTETLTCTVSGFSLTNIRMSVSWIRQPPGKALEWLAHIFSNDEKSYSTS
 LKSRLTISRDTSKSQVVLTLTNVDPVDTATYYCARMRLPYGMDVWVGQTTVTVS
 S

SEQ ID NO: 30 BGCB491 Light chain

QSALTQPASVSGSPGQSITISCTGTSSNIGTYKFVSWYQQHPDKAPKVLLYEVS KR P
SGVSSRFSGSKSGNTASLTISGLQAEDQADYHCVSYAGSGTLLFGGGTKLTVLGQP
KAAPSVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETTTPS
KQSNNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTVEKTVAPTECS

SEQ ID NO: 31 BGCB491 Heavy chain 2

EIVLTQSPGTLTLSPGERATLSCRASQSISSSFLTWYQQKPGQAPRLLIYGASSRATG
IPDRFSGGGSGTDFTLTISRLEPEDFAVYYCQHYGSSPMYTFGQGTKLEIKGGSEGK
SSGSGSESKSTGGSEVQLLESGGGLVQPGGSLRLSCAASGFTFSSYAMSWVRQAPG
KGLEWVSAISGGGSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCA
KDEGYSSGHYYGMDVWGQGT TTVTSSEPKSSDKTHTCPPCPAPEAAGGPSVFLFP
PKPKDTLMISRTPEVTCV VVSVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNST
YRVVSVLTVLHQDWLNGKEYCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPS
REEMTKNQVSLWCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSK
LTVDKSRWQQGNV FSCSV MHEALHNHYTQKSLSLSPGK

SEQ ID NO: 32 BCMA CDR
SGSYFWG

SEQ ID NO: 33 BCMA CDR
SIYYSGITYYNPSLKS

SEQ ID NO: 34 BCMA CDR
HDGAVAGLFDY

SEQ ID NO: 35 BCMA CDR
SSSYWYG

SEQ ID NO: 36 BCMA CDR
SIYYSGSTYYNPSLKS

SEQ ID NO: 37 BCMA CDR
HDGATAGLFDY

SEQ ID NO: 38 BCMA CDR
SSSYFWG

SEQ ID NO: 39 BCMA CDR
GGNNIGSKSVH

SEQ ID NO: 40 BCMA CDR
DDSDRPS

SEQ ID NO: 41 BCMA CDR
QVWDSSSDHV V

SEQ ID NO: 42 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSGSYFWGWIRQPPGKGLEWIGSIYYSG
ITYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGAVAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 43 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSSSYFWGWIRQPPGKGLEWIGSIYYSGI
TYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGAVAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 44 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSGSYFWGWIRQPPGKGLEWIGSIYYSG
ITYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGATAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 45 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSGSYFWGWIRQPPGKGLEWIGSIYYSG
STYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGAVAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 46 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSSSYFWGWIRQPPGKGLEWIGSIYYSGI
TYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGATAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 47 BCMA VH

QLQLQESGPGLVKPSETLSLTCTVSGGSISSSSYFWGWIRQPPGKGLEWIGSIYYSG
RTYYNPSLKS RVTISVDTSKNQFSLKLSSVTAADTAVYYCARHDGATAGLFDYWG
QGTLVTVSSA

SEQ ID NO: 48 BCMA VL

SYVLTQPPSVSVAPGQTARITCGGNNIGSKSVHWYQQPPGQAPVVVVYDDSDRPS
GIPERFSGSNSGNTATLTISRVEAGDEAVYYCQVWDSSSDHVVFGGGTKLTVL

SEQ ID NO: 49 GPRC5D CDR

SYAIS

SEQ ID NO: 50 GPRC5D CDR

NYWMS

SEQ ID NO: 51 GPRC5D CDR

SYFIG

SEQ ID NO: 52 GPRC5D CDR

GYTMN

SEQ ID NO: 53 GPRC5D CDR
GIPIFGTANYAQKFQG

SEQ ID NO: 54 GPRC5D CDR
GISYSGGSKYYASSVKG

SEQ ID NO: 55 GPRC5D CDR
IIYPGKSDTRYSPSFQG

SEQ ID NO: 56 GPRC5D CDR
LINPYNSDTNYAQLQKG

SEQ ID NO: 57 GPRC5D CDR
ESRWRGYKLD

SEQ ID NO: 58 GPRC5D CDR
AAFDGRRVRLD

SEQ ID NO: 59 GPRC5D CDR
VYSFGGRHKALFDY

SEQ ID NO: 60 GPRC5D CDR
VALRVALDY

SEQ ID NO: 61 GPRC5D CDR
RASQSISSYLN

SEQ ID NO: 62 GPRC5D CDR
RASQSVSSYLA

SEQ ID NO: 63 GPRC5D CDR
KASQNVATHVG

SEQ ID NO: 64 GPRC5D CDR
AASSLQS

SEQ ID NO: 65 GPRC5D CDR
DASNRAT

SEQ ID NO: 66 GPRC5D CDR
SASYRYS

SEQ ID NO: 67 GPRC5D CDR

QQSYSTPLT

SEQ ID NO: 68 GPRC5D CDR
QQRSNWPLT

SEQ ID NO: 69 GPRC5D CDR
QQYNRYPYT

SEQ ID NO: 70 GPRC5D CDR
DYG MH

SEQ ID NO: 71 GPRC5D CDR
SYWIG

SEQ ID NO: 72 GPRC5D CDR
GYAMS

SEQ ID NO: 73 GPRC5D CDR
SYGIS

SEQ ID NO: 74 GPRC5D CDR
GYSFTGYTMN

SEQ ID NO: 75 GPRC5D CDR
SYAMS

SEQ ID NO: 76 GPRC5D CDR
GFSLT SYN VH

SEQ ID NO: 77 GPRC5D CDR
AIKYSGGSTYYADSVKG

SEQ ID NO: 78 GPRC5D CDR
GISYSGGSKYYADSVKG

SEQ ID NO: 79 GPRC5D CDR
IIYPGDSDTRYSPSFQG

SEQ ID NO: 80 GPRC5D CDR
AISGSGGSTYYADSVKG

SEQ ID NO: 81 GPRC5D CDR
GIIPFGNINYAQKFQG

SEQ ID NO: 82 GPRC5D CDR

LINPYNGDTN

SEQ ID NO: 83 GPRC5D CDR
VIWAGGSTNYNSALMS

SEQ ID NO: 84 GPRC5D CDR
RAESGPGLDY

SEQ ID NO: 85 GPRC5D CDR
AAWDFGRRAVRLDY

SEQ ID NO: 86 GPRC5D CDR
IGFYGRSFRIFDY

SEQ ID NO: 87 GPRC5D CDR
VDRSFGRSRYTLDY

SEQ ID NO: 88 GPRC5D CDR
VSRRFKRFAYYFDY

SEQ ID NO: 89 GPRC5D CDR
SNFLPVVFDY

SEQ ID NO: 90 GPRC5D CDR
DGIRLRFAY

SEQ ID NO: 91 GPRC5D CDR
KSSQSVLYSSNNKNYLA

SEQ ID NO: 92 GPRC5D CDR
RASQSVRKSLA

SEQ ID NO: 93 GPRC5D CDR
WASTRES

SEQ ID NO: 94 GPRC5D CDR
TASNRAT

SEQ ID NO: 95 GPRC5D CDR
QQYYSTPLT

SEQ ID NO: 96 GPRC5D CDR
QQYFRAPIT

SEQ ID NO: 97 GPRC5D VH

QVQLVQSGAEVKKPGSSVKVSCKASGGTFSSYAISWVRQAPGQGLEWMGGIPIF
GTANYAQKFQGRVTITADESTSTAYMELSSLRSEDVAVYYCARESRWRGYKLDY
WGQGTLVTVSS

SEQ ID NO: 98 GPRC5D VH

EVQLLESGGGLVQPGGSLRLSCAASGFTFSNYWMSWVRQAPGKGLEWVSGISYS
GGSKYYASSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKAAFDGRRRAV
RLDYWGQGTLVTVSS

SEQ ID NO: 99 GPRC5D VH

EVQLVQSGAEVKKPGESLKISCKGSGYSFTSYFIGWVRQMPGKGLEWMGIIYPGK
SDTRYSPSFQGVVTISADKSISTAYLQWSSLKASDTAMY YCARVYSFGGRHKALF
DYWGQGTLVTVSS

SEQ ID NO: 100 GPRC5D VH

QVQLVQSGAEVKKPGASVKVSCKASGYSFTGYTMNWVRQAPGQGLEWMGLINP
YNSDTNYAQKLQGRVTMTTDTSTSTAYMELRSLRSDDTAVYYCARVALRVALD
YWQGTLVTVSS

SEQ ID NO: 101 GPRC5D VL

DIQMTQSPSSLSASVGDRVTITCRASQSISSYLNWYQQKPGKAPKLLIYAASSLQSG
VPSRFSGSGSGTDFTLTISSLQPEDFATYYCQQSYSTPLTFGQGTKVEIK

SEQ ID NO: 102 GPRC5D VL

EIVLTQSPATLSLSPGERATLSCRASQSVSSYLAWYQQKPGQAPRLLIYDASNRA
TGI PARFSGSGSGTDFTLTISSELPEDFAVYYCQQRSNWPLTFGQGTKVEIK

SEQ ID NO: 103 GPRC5D VL

DIQMTQSPSSLSASVGDRVTITCKASQNVATHVGWYQQKPGKAPKRLIYSASYRY
SGVPSRFSGSGSGTEFTLTISNLQPEDFATYYCQQYNRYPYTFGQGTKLEIK

SEQ ID NO: 104 GPRC5D VH

EVQLLESGGGLVQPGGSLRLSCAASGFTFSDYGMHWVRQAPGKGLEWVSAIKYS
GGSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKRAESGPGLDY
WGQGTLVTVSS

SEQ ID NO: 105 GPRC5D VH

EVQLLESGGGLVQPGGSLRLSCAASGFTFSNYWMSWVRQAPGKGLEWVSGISYS
GGSKYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKAAWDFGRRRA
VRLDYWGQGTLVTVSS

SEQ ID NO: 106 GPRC5D VH

EVQLVQSGAEVKKPGESLKISCKGSGYSFTSYWIGWVRQMPGKGLEWMGIIYPGD
SDTRYSPSFQGVVTISADKSISTAYLQWSSLKASDTAMY YCARIGFYGRSFRIFDY
WGQGTLVTVSS

SEQ ID NO: 107 GPRC5D VH

EVQLVQSGAEVKKPGESLKISCKGSGYSFTSYWIGWVRQMPGKGLEWMGHIYPGD
SDTRYSPSFQGGVTISADKSISTAYLQWSSLKASDTAMYICARVYSFGGRHKALF
DYWGQGTLVTVSS

SEQ ID NO: 108 GPRC5D VH

EVQLLESGGGLVQPGGSLRLSCAASGFTFSGYAMSWVRQAPGKGLEWVSAISGSG
GSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKVDRSFGRSRYTL
DYWGQGTLVTVSS

SEQ ID NO: 109 GPRC5D VH

QVQLVQSGAEVKKPGSSVKVSKASGGTFSSYGISWVRQAPGQGLEWMGGIIPF
GNINYAQKFQGRVTITADESTSTAYMELSSLRSED TAVYYCARVSRRFKRFAYYF
DYWGQGTLVTVSS

SEQ ID NO: 110 GPRC5D VH

QVQLVQSGAEVKKPGASVKVSKASGYSTGYTMNWVRQAPGQGLEWMGLINP
YNGDTNYAQKLQGRVTMTTDTSTSTAYMELRSLRSDDTAVYYCARVALRVALD
YWGQGTLVTVSS

SEQ ID NO: 111 GPRC5D VH

EVQLLESGGGLVQPGGSLRLSCAASGFTFSYAMSWVRQAPGKGLEWVSAISGSG
GSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKSNFLPVVFDYW
GQGT LVT VSS

SEQ ID NO: 112 GPRC5D VH

QVTLKESGPVLVKPTETLTLCTVSGFSLTSYNVHWIRQPPGKALEWLAVIWAGG
STNYSALMSRLTISKDTSKSQVVLMTNMRAEDTATYYCARDGIRLRFAYWGQ
GTLVTVSS

SEQ ID NO: 113 GPRC5D VL

DIVMTQSPDSLAVSLGERATINCKSSQSVLYSSNNKNYLAWYQQKPGQPPKLLIY
WASTRESGVPDRFSGSGSGTDFTLTISSLQAEDVAVYYCQQYYSTPLTFGQGTKVE
IK

SEQ ID NO: 114 GPRC5D VL

EIVLTQSPATLSLSPGERATLSCRASQSVRKSLAWYQQKPGQAPRLLIYTASN RAT
GIPARFSGSGSGTDFTLTISLLEPEDFAVYYCQQYFRAPITFGQGTKVEIKK

SEQ ID NO: 115 GPRC5D VL

EIVMTQSPATLSVSPGERATLSCKASQNVATHVGWYQQKPGQAPRLLIYSASYRY
SGIPARFSGSGSGTEFTLTISSLQSEDFAVYYCQQYNRYPYTFGQGTKLEIK

SEQ ID NO: 116 GPRC5D

MYKDCIESTGDYFLLCDAEGPWGHIIESLAILGIVVTILLLLAFLFLMRKIQDCSQW
NVLPTQLLFLLSVLGLFGLAFAFHIELNQQTAPVRYFLFGVLFALCFSCLLAHASNL
VKLVRGCVSFSWTTILCIAIGCSLLQIIIATEYVTLIMTRGMMFVNMTPCQLNVDFV
VLLVYVLFMLALTFFVSKATFCGPCENWKQHGRLLFITVLFSSIIIWVWVISMLLRGN
PQFQRQPQWDDPVVCIALVTNAWVFLLLYIVPELCILYRSCRQECPLQGNACPVT
YQHSFQVENQELSRARDSDGAEEDVALTSYGTPIQPQTVDPTQECFIPQAKLSPQQ
DAGGV

SEQ ID NO: 117 CD3 CDR 1
TYAMN

SEQ ID NO: 118 CD3 CDR 2
RIRSKYNNYATYYAASVKG

SEQ ID NO: 119 CD3 CDR 3
HGNFGNSYVSWFAY

SEQ ID NO: 120 CD3 VH
EVQLVESGGGLVQPGGSLRLSCAASGFTFNTYAMNWVRQAPGKGLEWVARIRSK
YNNYATYYAASVKGRFTISRDDSKNSLYLQMNSLKTEDTAVYYCARHGNFGNSY
VSWFAYWGQGLTVTVSS

SEQ ID NO: 121 CD3 Heavy chain
EVQLVESGGGLVQPGGSLRLSCAASGFTFNTYAMNWVRQAPGKGLEWVARIRSK
YNNYATYYAASVKGRFTISRDDSKNSLYLQMNSLKTEDTAVYYCARHGNFGNSY
VSWFAYWGQGLTVTVSSASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVT
VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVPSSSLGKTYTCNVDPHKPSNTKV
DKRVESKYGPPCPPCPAPEAAGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSEQE
PEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKV
SNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVE
WESNGQPENNYKTTPPVLDSDGSFLLYSLKLTVDKSRWQEGNVFSCSVMEALHN
HYTQKSLSLSLGK

SEQ ID NO: 122 CD3 CDR 1
RSSTGAVTTSNYAN

SEQ ID NO: 123 CD3 CDR 2
GTNKRAP

SEQ ID NO: 124 CD3 CDR 3
ALWYSNLWV

SEQ ID NO: 125 CD3 VL
QTVVTQEPSTVSPGGTVTLTCRSSTGAVTTSNYANWVQQKPGQAPRGLIGGTNK
RAPGTPARFSGSLLGGKAALTLSGVQPEDEAEYYCALWYSNLWVFGGGTKLTVL

SEQ ID NO: 126 CD3 Light chain

QTVVTQEPSLTVSPGGTVTLTCRSSTGAVTTSNYANWVQQKPGQAPRGLIGGTNK
RAPGTPARFSGSLLGGKAALTLSGVQPEDEAEYYCALWYSNLWVFGGGTKLTVL
GQPKAAPSVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETT
TPSKQSNNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTVEKTVAPTECS

SEQ ID NO: 127 linker
GGGSGGGS**SEQ ID NO: 128** linker
GGGSGGGSGGGS**SEQ ID NO: 129** linker
GGGSGGGSGGGSGGGS**SEQ ID NO: 130** linker
GGGSGGGSGGGSGGGSGGGS**SEQ ID NO: 131** linker
GGGSGGGSGGGSGGGS**SEQ ID NO: 132** linker
GGGSGGGSGGGSGGGSGGGSGGGS**SEQ ID NO: 133** linker
GSTSGSGKPGSGEGSTKG**SEQ ID NO: 134** linker
IRPRAIGGSKPRVA**SEQ ID NO: 135** linker
GKGSGKGSGKGGS**SEQ ID NO: 136** linker
GKGSGKGSGKGGS**SEQ ID NO: 137** linker
GGGKSGGKSGGKGS**SEQ ID NO: 138** linker
GKGSGKGSGKGGS**SEQ ID NO: 139** linker
GGGKSGGKSGKGGS

SEQ ID NO: 140 linker
GKPGSGKPGSGKPGS

SEQ ID NO: 141 linker
GKPGSGKPGSGKPGSGKPGS

SEQ ID NO: 142 linker
GKGKSGKGKSGKGKSGKGKS

SEQ ID NO: 143 linker
STAGDTHLGGEDFD

SEQ ID NO: 144 linker
GEGSGEGSGEGGS

SEQ ID NO: 145 linker
GGEGSGEGSGGEGS

SEQ ID NO: 146 linker
GEGSGEGSGEGES

SEQ ID NO: 147 linker
GGEGSGEGSGEGGS

SEQ ID NO: 148 linker
GEGSGEGSGEGSGEGES

SEQ ID NO: 149 linker
GSTSGSGKPGSGEGSTKG

SEQ ID NO: 150 linker
PRGASKSGSASQTGSAPGS

SEQ ID NO: 151 linker
GTAAAGAGAAGGAAAGAAG

SEQ ID NO: 152 linker
GTSGSSGSGSGSGSGGGG

SEQ ID NO: 153 linker
GKPGSGKPGSGKPGSGKPGS

SEQ ID NO: 154 linker
GSGS

SEQ ID NO: 165 Nucleotide sequence of the BGCB491 Heavy Chain 1 gene with signal peptide coding region underlined.

ATGGCCAGGAAGTCCGCTCTGCTCGCTCTGGCACTTCTGCTTCTGGGATTTGGACCTGCT
TGGGCTCAGGTGCAGCTGCAGCAGTCTGGCCCTAGACTCGTGCGGCCTTCCCAGACCCTG
TCTCTGACCTGTGCCATCTCCGGCGACTCCGTGTTCAACAACAACGCCGCTGGTCTGG
ATCCGGCAGTCTCCATCTCGCGGTCTGGAGTGGCTCGGTGCGACCTACTACCGCTCTAAA
TGGCTGTACGACTACGCCGTGTCCGTGAAGTCCCGGATCACCGTGAACCCTGACACCTCC
CGGAACCAGTTCACCCTGCAGCTGAACTCCGTGACCCCTGAGGACACCGCCCTGTACTAC
TGCGCCAGAGGCTACTCCTCCTCCTTCGACTATTGGGGCCAAGGCACCCTCGTGACCGTG
TCCTCTGCCTCCACCAAGGGCCCCATCGGTCTTCCCCCTGGCACCCCTCCTCCAAGAGCACC
TCTGGGGGCACAGCGGCCCTGGGCTGCCTGGTCAAGGACTACTTCCCCGAACCGGTGACG
GTGTCTGTGGAACCTCAGGCGCCCTGACCAGCGGCGTGCACACCTTCCCGGCTGTCTACAG
TCCTCAGGACTCTACTCCCTCAGCAGCGTGGTGACCGTGCCCTCCAGCAGCTTGGGCACC
CAGACCTACATCTGCAACGTGAATCACAAGCCAGCAACACCAAGGTGGACAAGAAAGTT
GAGCCCCAAATCTTGTGACAAAACCTCACACATGCCCACCGTGCCCAGCACCTGAAGCCGCC
GGGGGACCGTCAGTCTTCTCTTCCCCCAAACCCAAGGACACCCTCATGATCTCCCGG
ACCCCTGAGGTACATGCGTGGTGGTGAGCGTGAGCCACGAAGACCCTGAGGTCAAGTTC
AACTGGTACGTGGACGGCGTGGAGGTGCATAATGCCAAGACAAAGCCGCGGGAGGAGCAG
TACAACAGCACGTACCGTGTGGTCAGCGTCCTCACCGTCTGCACCAGGACTGGCTGAAT
GGCAAGGAGTACAAGTGCAAGGTGTGCAACAAAGCCCTCCCAGCCCCCATCGAGAAAACC
ATCTCCAAAGCCAAAGGGCAGCCCCGAGAACCACAGGTGTACACCCTGCCCCCATCCCGG
GAGGAGATGACCAAGAACCAGGTGAGCCTGTCTGCGCCGTCAAAGGCTTCTATCCCAGC
GACATCGCCGTGGAGTGGGAGAGCAATGGGCAGCCGGAGAACAACCTACAAGACCACGCCT
CCCGTGCTGGACTCCGACGGCTCCTTCTTCTCTCGTGAGCAAGCTCACCGTGGACAAGAGC
AGATGGCAGCAGGGGAACGTCTTCTCATGCTCCGTGATGCATGAGGCTCTGCACAACCGG
TTCACGCAGAAGTCTCTCTCCCTGTCTCCGGGAAAAGGAGGCGGAGGATCTGGCGGAGGT
GGAAGTGGCGGAGGCGGTTCTGGTGGTGGTGGATCTGACATCGTGATGACCCAGACACCT
CTGAGCAGCCCCGTTACATTGGGCCAGCCTGCCTCCATCTCCTGCAGATCCTCTCAGTCC
CTGGTGCACCTCTGACGGCAACACCTACCTCTCTTGGCTGCAGCAGAGGCCTGGACAGCCT
CCTAGACTGCTGATCTACAAGATCTCCAACCGGTTCTTTCGGCGTGCCCGACAGATTTTCT
GGATCTGGCGCTGGCACCGACTTCACCCTGAAGATTTCCAGAGTGGAAGCCGAGGACGTG
GGCGTGTACTACTGTATGCAGGCCACACAGTTCCCTCACACCTTTGGCCAGGGCACCAAG
CTGGAAATCAAGGGCGGATCTGAGGGAAAGTCCAGCGGCTCCGGCAGCGAAAGCAAGTCC
ACCGGCGGAAGCCAAGTGACCCTGAAAGAAAGCGGCCCTGTGCTGGTCAAGCCCACCGAA
ACACTGACCCCTGACCTGTACCGTGTCCGGCTTCTCCCTGACCAATATCCGGATGTCCGTG
TCCTGGATCAGACAGCCTCCTGGCAAGGCTCTGGAATGGCTGGCCCACATCTTCTCCAAC
GACGAGAAGTCCCTACTCCACCAGCCTGAAGTCCCGGCTGACCATCTCCAGAGACACCTCC
AAGTCTCAGGTGGTGTGCTGACACTGACCAACGTGGACCCTGTGGATACCGCCACCTACTAC
TGCGCCAGAATGAGACTGCCCTACGGCATGGATGTGTGGGGCCAGGGAACAACCGTGACC
GTTTCTTCT

SEQ ID NO: 166 Nucleotide sequence of the BGCB491 Light gene with signal peptide coding region underlined.

ATGGCTAGATCCGCACTGCTCATTCTGGCTCTGCTTCTGCTTGGACTGTTCTCTCCTGGA
GCATGGGGACAGTCTGCTCTGACCCAGCCTGCCTCCGTGTCTGGCTCTCCCGGCCAGTCC
ATCACCATCAGCTGTACCGGCACCTCCTCCAACATCGGCACCTACAAGTTCGTGTCTCTGG
TATCAGCAACACCCCGACAAGGCCCCCAAAGTGCTGCTGTACGAGGTGTCCAAGCGGCC
TCTGGCGTGTCTCCAGATTCTCCGGCTCCAAGTCTGGCAACACCGCCTCCCTGACCATC
AGCGGACTGCAGGCTGAGGACCAGGCCGACTACCACTGTGTGTCTACGCTGGCTCTGGC
ACCCTGCTGTTTGGCGGAGGCACCAAGCTGACTGTCCTGGGTGAGCCCAAGGCTGCACCC
AGTGTCACTCTGTTCCCGCCCTCCTCTGAGGAGCTTCAAGCCAACAAGGCCACACTGGTG
TGTCTCATAAGTGACTTCTACCCGGGAGCCGTGACAGTGGCCTGGAAGGCCGATAGCAGC
CCCGTCAAGGCGGGAGTCGAAACCACACACCCTCCAAACAAAGCAACAACAAGTACGCG
GCCAGCAGCTATCTGAGCCTGACGCCTGAGCAGTGGAAAGTCCACAGAAGCTACAGCTGC
CAGGTACGCATGAAGGGAGCACCGTGGAGAAGACAGTGGCCCCCTACAGAATGTTCA

SEQ ID NO: 167 Nucleotide sequence of the BGC491 Heavy Chain 2 gene with signal peptide coding region underlined.

ATGGCCAGGAAGTCCGCTCTGCTCGCTCTGGCACTTCTGCTTCTGGGATTTGGACCTGCT
TGGGCTGAGATCGTGTCTGACCCAGTCTCCTGGCACACTGTCACTGTCTCCAGGCGAGAGA
GCTACCCTGTCTGTAGAGCCAGCCAGTCTATCTCCTCCTCCTTCCCTGACCTGGTATCAG
CAGAAGCCTGGACAGGCCCCCTCGGCTGTTGATCTACGGTGCTTCTTCCAGAGCCACAGGC
ATCCCTGACAGATTCTCTGGCGGCGGATCTGGCACCGACTTCACCCTGACAATCTCCCGG
CTGGAACCTGAGGACTTCGCCGTGTACTACTGCCAGCACTACGGCAGCAGCCCCATGTAC
ACATTTGGCCAGGGCACCAAGCTGGAAATCAAGGGCGGATCTGAGGGAAGTCCAGCGGC
TCCGGCAGCGAAAGCAAGTCCACCGCGGAAGCGAGGTTTCACTGCTGGAATCTGGCGGA
GGATTGGTTTCAAGCTGGCGGTTCTCTGAGACTGTCTTGTGCCGCTTCCGGCTTCACCTTC
TCCAGCTACGCTATGTCTGGGTCCGACAGGCTCCTGGCAAAGGACTGGAATGGGTGTCC
GCCATCTCTGGCTCTGGCGGCAGCACCTACTACGCCGATTCTGTGAAGGGCAGATTACAC
ATCAGCCGGGACAACCTCCAAGAACACCCTGTACCTGCAGATGAACTCCCTGAGAGCCGAG
GACACCGCCGTGTACTACTGTGCTAAGGACGAGGGCTACTCCTCCGGCCACTACTACGGA
ATGGATGTGTGGGGCCAGGGCACCAAGTACAGTCTCTTCTGAGCCCAAATCTAGCGAC
AAAACCTCACACATGCCACCGTGCCAGCACCTGAAGCCGCCGGGGGACCGTCAGTCTTC
CTCTTCCCCCCTAAAACCCAAGGACACCCTCATGATCTCCCGGACCCCTGAGGTCACATGC
GTGGTGGTGAGCGTGAGCCACGAAGACCCTGAGGTCAAGTTCAACTGGTACGTGGACGGC
GTGGAGGTGCATAATGCCAAGACAAAGCCGCGGGAGGAGCAGTACAACAGCACGTACCGT
GTGGTCAGCGTCCTACCGTCTCTGCACCAGGACTGGCTGAATGGCAAGGAGTACAAGTGC
AAGGTGTGCAACAAAGCCCTCCCAGCCCCATCGAGAAAACCATCTCCAAAGCCAAAGGG
CAGCCCCGAGAACCACAGGTGTACACCCTGCCCCCATCCCGGGAGGAGATGACCAAGAAC
CAGGTACGCTGTGGTGCCTGGTCAAAGGCTTCTATCCCAGCGACATCGCCGTGGAGTGG
GAGAGCAATGGGCAGCCGGAACAACACTACAAGACCACGCCTCCCGTGTCTGGACTCCGAC
GGCTCCTTCTTCTCTACAGCAAGCTCACCGTGGACAAGAGCAGATGGCAGCAGGGGAAC
GTCTTCTCATGCTCCGTGATGCATGAGGCTCTGCACAACCACTACACGCAGAAGTCTCTC
TCCCTGTCTCCGGGAAAA

We Claim:

1. A trispecific antibody, or a trispecific binding fragment thereof, comprising:
 - (a) a first antigen-binding arm comprising a first heavy chain variable domain (VH1) and a first light chain variable domain (VL1);
 - (b) a second antigen-binding arm comprising a second heavy chain variable domain (VH2) and a second light chain variable domain (VL2);
 - (c) a third antigen-binding arm comprising a third heavy chain variable domain (VH3) and a third light chain variable domain (VL3),wherein the first antigen-binding arm binds to an epitope on cluster of differentiation 3 (CD3), the second antigen-binding arm binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and the third antigen-binding arm binds to an epitope on B cell maturation antigen (BCMA).
2. The trispecific antibody or trispecific binding fragment of claim 1, wherein the VH1 and VL1 of first antigen-binding arm are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody), optionally a Fab.
3. The trispecific antibody or trispecific binding fragment of claim 1 or 2, wherein the VH2 and VL2 of the second antigen-binding arm are present in a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody), optionally a scFv.
4. The trispecific antibody or trispecific binding fragment of any one of claims 1-3, wherein the VH3 and VL3 of the third antigen-binding arm are present in an antibody fragment, a diabody, a Fab, Fab', a F(ab')₂, a Fv, a scFv, a Fd, a disulfide stabilized Fv fragment (dsFv), or a disulfide stabilized diabody (ds diabody), optionally a scFv.

5. The trispecific antibody or trispecific binding fragment of any one of claims 1-4, wherein the first antigen-binding arm that binds CD3 comprises a heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a HCDR3 of the heavy chain variable domain (VH1) of SEQ ID NO: 8 and a light chain complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain variable domain (VL1) of SEQ ID NO: 7.
6. The trispecific antibody or trispecific binding fragment of any one of claims 1-5, wherein the first antigen-binding arm that binds CD3 comprises a HCDR1 comprising the amino acid sequence of GDSVFNNNAAWS (SEQ ID NO: 4), a HCDR2 comprising the amino acid sequence of RTYYRSKWLYD (SEQ ID NO: 5), and a HCDR3 comprising the amino acid sequence of GYSSSFYD (SEQ ID NO: 6); and a LCDR1 comprising the amino acid sequence of TGTSSNIGTYKFVS (SEQ ID NO: 1), a LCDR2 comprising the amino acid sequence of EVSKRPS (SEQ ID NO: 2), and a LCDR3 comprising the amino acid sequence of VSYAGSGTLL (SEQ ID NO: 3).
7. The trispecific antibody or trispecific binding fragment of any one of claims 1-6, wherein the first antigen-binding arm that binds CD3 comprises the VH1 of SEQ ID NO: 8 and the VL1 of SEQ ID NO: 7.
8. The trispecific antibody or trispecific binding fragment of any one of claims 1-7, wherein the second antigen-binding arm that binds GPRC5D comprises a heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a HCDR3 of the heavy chain variable domain (VH2) of SEQ ID NO: 16 and a light chain complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain variable domain (VL2) of SEQ ID NO: 15.
9. The trispecific antibody or trispecific binding fragment of any one of claims 1-8, wherein the second antigen-binding arm that binds GPRC5D comprises a HCDR1

comprising the amino acid sequence of GFSLTNIRMSVS (SEQ ID NO: 12), HCDR2 comprising the amino acid sequence of HIFSNDEKS (SEQ ID NO: 13), and a HCDR3 comprising the amino acid sequence of MRLPYGMDV (SEQ ID NO: 14); and a LCDR1 comprising the amino acid sequence of RSSQSLVHSDGNTYLS (SEQ ID NO: 9), a LCDR2 comprising the amino acid sequence of KISNRFF (SEQ ID NO: 10), and a LCDR3 comprising the amino acid sequence of MQATQFPHT (SEQ ID NO: 11).

10. The trispecific antibody or trispecific binding fragment of any one of claims 1-9, wherein the second antigen-binding arm that binds GPRC5D comprises the VH2 of SEQ ID NO: 16 and the VL2 of SEQ ID NO: 15.
11. The trispecific antibody or trispecific binding fragment of any one of claims 1-10, wherein the third antigen-binding arm that binds BCMA comprises a heavy chain complementarity determining region (HCDR) 1, a HCDR2 and a HCDR3 of the heavy chain variable domain (VH3) of SEQ ID NO: 24 and a light chain complementarity determining region (LCDR) 1, a LCDR2 and a LCDR3 of the light chain variable domain (VL3) of SEQ ID NO: 23.
12. The trispecific antibody or trispecific binding fragment of any one of claims 1-11, wherein the third antigen-binding arm that binds BCMA comprises a HCDR1 comprising the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a HCDR2 comprising the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a HCDR3 comprising the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22); and a LCDR1 comprising the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a LCDR2 comprising the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a LCDR3 comprising the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).

13. The trispecific antibody or trispecific binding fragment of any one of claims 1-12, wherein the third antigen-binding arm that binds BCMA comprises the VH3 of SEQ ID NO: 24 and the VL3 of SEQ ID NO: 23.
14. The trispecific antibody or trispecific binding fragment of any one of claims 1-4, wherein the first antigen-binding arm that binds CD3 comprises the HCDR1, the HCDR2 and the HCDR3 of the VH1 of SEQ ID NO: 8 and the LCDR1, the LCDR2 and the LCDR3 of the VL1 of SEQ ID NO: 7;
the second antigen-binding arm that binds GPRC5D comprises the HCDR1, the HCDR2 and the HCDR3 of the VH2 of SEQ ID NO: 16 and the LCDR1, the LCDR2 and the LCDR3 of the VL2 of SEQ ID NO: 15; and
the third antigen-binding arm that binds BCMA comprises the HCDR1, the HCDR2 and the HCDR3 of the VH3 of SEQ ID NO: 24 and the LCDR1, the LCDR2 and the LCDR3 of the VL3 of SEQ ID NO: 23.
15. The trispecific antibody or trispecific binding fragment of any one of claims 1-4 and 14, wherein the first antigen-binding arm that binds CD3 comprises the HCDR1, the HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 4, 5, 6, 1, 2, 3, respectively;
the second antigen-binding arm that binds GPRC5D comprises the HCDR1, the HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 12, 13, 14, 9, 10 and 11, respectively; and
the third antigen-binding arm that binds BCMA comprises the HCDR1, the HCDR2, the HCDR3, the LCDR1, the LCDR2 and the LCDR3 of SEQ ID NOs: 20, 21, 22, 17, 18 and 19, respectively.
16. The trispecific antibody or trispecific binding fragment of any one of claims 1-4, 14 and 15, wherein the first antigen-binding arm that binds CD3 comprises the VH1 of SEQ ID NO: 8 and the VL1 of SEQ ID NO: 7;

the second antigen-binding arm that binds GPRC5D comprises the VH2 of SEQ ID NO: 16 and the VL2 of SEQ ID NO: 15; and

the third antigen-binding arm that binds BCMA comprises the VH3 of SEQ ID NO: 24 and the VL3 of SEQ ID NO: 23.

17. The trispecific antibody or trispecific binding fragment thereof of any one of claims 1–16, wherein the first antigen-binding arm comprises a Fragment crystallizable (Fc) domain, and the second antigen-binding arm or the third antigen-binding arm comprises a Fc domain.
18. The trispecific antibody or trispecific binding fragment thereof of claim 17, wherein the Fc domains comprise one or more mutations which promote heterodimerization of the Fc domains.
19. The trispecific antibody or trispecific binding fragment of claim 18, wherein the mutations are selected from T366S, L368A, T366W and Y407V (EU numbering).
20. The trispecific antibody or trispecific binding fragment of any one of claims 17-19, wherein the Fc domains further comprise one or more mutations which reduce Fc binding to a Fc γ receptor.
21. The trispecific antibody or trispecific binding fragment of claim 20, wherein the Fc γ receptor is Fc γ RI, Fc γ RIIA, Fc γ RIIB, Fc γ RIIIA, and/or Fc γ RIIIB.
22. The trispecific antibody or trispecific binding fragment of claim 20 or 21, wherein the Fc domains comprise one or more mutations selected from L234A, L235A, and D265S (EU numbering).

23. The trispecific antibody or trispecific binding fragment of any one of claims 17-22, wherein the Fc domains further comprise one or more mutations which reduce Fc binding to protein A.
24. The trispecific antibody or trispecific binding fragment of claim 23, wherein the Fc domain comprises mutations H435R and/or Y436F (EU numbering).
25. The trispecific antibody or trispecific binding fragment of any one of claims 1 to 24, wherein the first antigen-binding arm specifically binds to residues 22-35 (QDGNEEMGGITQTP (SEQ ID NO: 161)) of the CD3 ϵ chain.
26. The trispecific antibody or trispecific binding fragment of any one of claims 1-25, wherein the first antigen-binding arm specifically binds to CD3 with an affinity of about 1×10^{-8} to 1×10^{-7} M.
27. The trispecific antibody or trispecific binding fragment of claim 26, wherein the first antigen-binding arm specifically binds to CD3 with an affinity of about 2×10^{-8} to 4×10^{-8} M.
28. The trispecific antibody or trispecific binding fragment of any one of claims 1 to 27, wherein the third antigen-binding arm specifically binds residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.
29. The trispecific antibody or trispecific binding fragment of any one of claims 1-28, wherein the third antigen-binding arm specifically binds to BCMA with an affinity of about 1×10^{-10} to 1×10^{-7} M.
30. The trispecific antibody or trispecific binding fragment of claim 29, wherein the third antigen-binding arm specifically binds to BCMA with an affinity of about 2×10^{-10} to 9×10^{-10} M.

31. A trispecific antibody, or a trispecific binding fragment thereof, comprising a first antigen-binding arm that binds to an epitope on cluster of differentiation 3 (CD3), a second antigen-binding arm that binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and a third antigen-binding arm that binds to an epitope on B cell maturation antigen (BCMA),
wherein the first antigen-binding arm comprises a heavy chain (HC1) polypeptide and a light chain (LC) polypeptide; and
wherein the trispecific antibody, or a trispecific binding fragment thereof, comprises a single polypeptide comprising the second antigen-binding arm and the third antigen-binding arm.
32. The trispecific antibody or trispecific binding fragment of claim 31, wherein the HC1 of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 26.
33. The trispecific antibody or trispecific binding fragment of claim 32 or 33, wherein the LC of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 27.
34. The trispecific antibody or trispecific binding fragment of any one of claims 31- 33, wherein the polypeptide comprising the second antigen-binding arm and the third antigen-binding arm comprises an amino acid sequence of SEQ ID NO: 28.
35. The trispecific antibody or trispecific binding fragment of claim 31, wherein the first antigen-binding arm comprises an HC1 comprising the amino acid sequence of SEQ ID NO: 26, and a LC comprising the amino acid sequence of SEQ ID NO: 27, and the polypeptide comprising the second antigen-binding arm and the third antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 28.

36. A trispecific antibody, or a trispecific binding fragment thereof, comprising a first antigen-binding arm that binds to an epitope on cluster of differentiation 3 (CD3), a second antigen-binding arm that binds to an epitope on G-protein coupled receptor family C group 5 member D (GPRC5D), and a third antigen-binding arm that binds to an epitope on B cell maturation antigen (BCMA),
wherein the first antigen-binding arm comprises a heavy chain (HC1) polypeptide and a light chain (LC) polypeptide, wherein the heavy chain (HC1) polypeptide further comprises the second antigen-binding arm,
wherein the trispecific antibody, or the trispecific binding fragment thereof, further comprises a single polypeptide comprising the third antigen-binding arm.
37. The trispecific antibody or trispecific binding fragment of claim 36, wherein the HC1 of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 29.
38. The trispecific antibody or trispecific binding fragment of claim 36 or 37, wherein the LC of the first antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 30.
39. The trispecific antibody or trispecific binding fragment of any one of claims 36-38, wherein the single polypeptide comprising the third antigen-binding arm comprises an amino acid sequence of SEQ ID NO: 31.
40. The trispecific antibody or trispecific binding fragment of claim 36, wherein the first antigen-binding arm comprises an HC1 comprising the amino acid sequence of SEQ ID NO: 29, and a LC comprising the amino acid sequence of SEQ ID NO: 30, and the single polypeptide comprising the third antigen-binding arm comprises the amino acid sequence of SEQ ID NO: 31.

41. The trispecific antibody or trispecific binding fragment of any one of claims 1-40, wherein the antibody or antigen-binding fragment thereof is an IgG1, IgG2, IgG3, or IgG4 (human) isotype.
42. The trispecific antibody or trispecific binding fragment of any of claims 1-41, wherein the antibody or antigen-binding fragment thereof is an (human) IgG1 isotype.
43. A synthetic polynucleotide encoding the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42.
44. A pharmaceutical composition comprising the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42 and a pharmaceutically acceptable carrier.
45. The pharmaceutical composition of claim 44, wherein the pharmaceutical composition further comprises a second therapeutic agent.
46. The pharmaceutical composition of claim 45, wherein the second therapeutic agent comprises an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.
47. A cell expressing the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42.
48. The cell of claim 47, wherein the cell is a hybridoma.
49. The cell of claim 47 or 48, wherein the trispecific antibody is recombinantly produced.

50. A method for treating cancer in a subject in need thereof, said method comprising administering to the subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42 or the pharmaceutical composition of any one of claims 44-46.
51. The method of claim 50, wherein the trispecific antibody or trispecific binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.
52. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42 or the pharmaceutical composition of any one of claims 44-46, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.
53. The method of claim 52, wherein said cancer cell is in a subject and the trispecific antibody or trispecific binding fragment or the pharmaceutical composition is administered to the subject.
54. The method of claim 52, wherein said administration is conducted *ex vivo*.
55. A method of redirecting a T cell to BCMA and/or GPRC5D-expressing cancer cells in a subject in need thereof, said method comprising administering to said subject a therapeutically effective amount of the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42 or the pharmaceutical composition of any one of claims 44-46.
56. The method of claim 55, wherein the said therapeutically effective amount is sufficient to direct said T cell response to said cancer cells.

57. The method of any one of claims 50-56, wherein the cancer is a hematological cancer.
58. The method of claim 57, wherein the hematological cancer is a BCMA and/or GPRC5D -expressing B cell cancer.
59. The method of claim 58, wherein the BCMA and/or GPRC5D -expressing B cell cancer is multiple myeloma.
60. The method of claim 58 or 59, wherein the BCMA and/or GPRC5D -expressing B cell cancer is smoldering multiple myeloma (SMM).
61. The method of any one of claims 50-60, wherein the cancer is relapsed, refractory, or malignant cancer, or any combination thereof.
62. The method of any one of claims 50-51, 53, and 55-61, wherein the subject has received a prior treatment.
63. The method of claim 62, wherein the prior treatment comprises a proteasome inhibitor, an immunomodulatory drug, a CD38 antibody, a bispecific agent, a CAR-T therapy, or any combination thereof.
64. The method of any one of claims 50-63, further comprising administering a second therapeutic agent.
65. The method of claim 64, wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.

66. The method of claim 65, wherein the chemotherapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
67. The method of claim 64, wherein the second therapeutic agent is an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.
68. The method of any one of claims 50-51, 53, and 55-67, wherein the trispecific antibody or trispecific binding fragment, or the pharmaceutical composition is administered intravenously, intramuscularly, intraperitoneally, and/or subcutaneously to the subject.
69. The method of any one of claims 50-51, 53, and 55-68, wherein the trispecific antibody or trispecific binding fragment, or the pharmaceutical composition is administered subcutaneously to the subject.
70. A method for generating the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42, wherein said method comprises culturing the cell of any one of claims 47 to 49 and isolating said trispecific antibody or trispecific binding fragment.
71. A kit comprising (i) the trispecific antibody or trispecific binding fragment of any one of claims 1 to 42 and/or a polynucleotide of claim 43 and (ii) packaging for the same.
72. An antibody, or an antigen-binding fragment thereof, that binds to BCMA, comprising: a heavy chain complementarity determining region 1 (CDR1) having the amino acid sequence of GFTFSSYAMS (SEQ ID NO: 20), a heavy chain CDR2 having the amino acid sequence of AISGSGGSTY (SEQ ID NO: 21), and a

heavy chain CDR3 having the amino acid sequence of DEGYSSGHYYGMDV (SEQ ID NO: 22).

73. The antibody or antigen-binding fragment of claim 72, further comprising: a light chain complementarity determining region 1 (CDR1) having the amino acid sequence of RASQSISSSFLT (SEQ ID NO: 17), a light chain CDR2 having the amino acid sequence of GASSRAT (SEQ ID NO: 18), and a light chain CDR3 having the amino acid sequence of QHYGSSPMYT (SEQ ID NO: 19).
74. The antibody or antigen-binding fragment of claim 72 or 73, comprising a heavy chain variable domain (VH) having the amino acid sequence of SEQ ID NO: 24.
75. The antibody or antigen-binding fragment of any one of claims 72-74, comprising a light chain variable domain (VL) having the amino acid sequence of SEQ ID NO: 23.
76. The antibody or antigen-binding fragment of any one of claims 72-75, wherein the antibody or antigen-binding fragment specifically binds residues 17-26 (LLHACIPCQL (SEQ ID NO: 162)) of BCMA BCMW37 chain.
77. The antibody or antigen-binding fragment of any one of claims 72-76, wherein the antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about 1×10^{-10} to 1×10^{-7} M.
78. The antibody or antigen-binding fragment of claim 77, wherein the antibody or antigen-binding fragment specifically binds to BCMA with an affinity of about 2×10^{-10} to 9×10^{-10} M.

79. The antibody or antigen-binding fragment of any one of claims 72-78 wherein the antibody or antigen-binding fragment is a human antibody or antigen-binding fragment.
80. The antibody or antigen-binding fragment of any one of claims 72-79 wherein the antibody or antigen-binding fragment is recombinant.
81. The antigen binding fragment of any one of claims 72 to 80 wherein the antigen binding fragment is a Fab fragment, a Fab2 fragment, or a single chain antibody.
82. The antibody or antigen-binding fragment of any one of claims 72-81 wherein the antibody or antigen-binding fragment thereof is an IgG1, IgG2, IgG3, or IgG4 isotype.
83. The antibody or antigen-binding fragment of any of claims 72-82, wherein the antibody or antigen-binding fragment thereof is an IgG1 or an IgG4 isotype.
84. A pharmaceutical composition comprising the antibody or antigen-binding fragment of any one of claims 72-83 and a pharmaceutically acceptable carrier.
85. The pharmaceutical composition of claim 84, wherein the pharmaceutical composition further comprises a second therapeutic agent.
86. The pharmaceutical composition of claim 85, wherein the second therapeutic agent comprises an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.
87. A cell expressing the antibody or antigen-binding fragment of any one of claims 72-83.

88. The cell of claim 87 wherein the cell is a hybridoma.
89. The cell of claim 87 wherein the antibody is recombinantly produced.
90. A method for treating cancer in a subject in need thereof, said method comprising administering to the subject a therapeutically effective amount of the antibody or antigen-binding fragment of any one of claims 72-83 or the pharmaceutical composition of any one of claims 84-86.
91. The method of claim 90, wherein the antibody or antigen-binding fragment or the pharmaceutical composition is administered for a time sufficient to treat the cancer.
92. A method for inhibiting growth or proliferation of a cancer cell, said method comprising administering to said cell an effective amount of the antibody or antigen-binding fragment of any one of claims 72-83 or the pharmaceutical composition of any one of claims 84-86, wherein said effective amount is sufficient to inhibit the growth or proliferation of said cancer cell.
93. The method of claim 92, wherein said cancer cell is in a subject and the antibody or antigen-binding fragment or the pharmaceutical composition is administered to the subject.
94. The method of claim 92, wherein said administration is conducted *ex vivo*.
95. The method of any one of claims 90-94, wherein the cancer is a hematological cancer.
96. The method of claim 95, wherein the hematological cancer is a BCMA-expressing B cell cancer.

97. The method of claim 96, wherein the BCMA-expressing B cell cancer is multiple myeloma.
98. The method of claim 97, wherein the BCMA-expressing B cell cancer is smoldering multiple myeloma (SMM).
99. The method of any one of claims 90-98, wherein the cancer is relapsed, refractory, or malignant cancer, or any combination thereof.
100. The method of any one of claims 90-91, 93, and 95-99, wherein the subject has received a prior treatment.
101. The method of claim 100, wherein the prior treatment comprises a proteasome inhibitor, an immunomodulatory drug, a CD38 antibody, a bispecific agent, a CAR-T therapy, or a combination thereof.
102. The method of any one of claims 90-101 further comprising administering a second therapeutic agent.
103. The method of claim 102 wherein the second therapeutic agent is a chemotherapeutic agent or a targeted anti-cancer therapy.
104. The method of claim 103 wherein the chemotherapeutic agent is cytarabine, an anthracycline, histamine dihydrochloride, or interleukin 2 (IL-2).
105. The method of claim 102 wherein the second therapeutic agent is an anti-CD38 agent, an immunomodulatory imide drug (IMiD), an immune checkpoint inhibitor, an immune co-stimulating agent, a gamma secretase inhibitor, a T-cell enhancer, or any combination thereof.

106. The method of any one of claims 90-91, 93, and 95-105, wherein the antibody or antigen-binding fragment or the pharmaceutical composition is administered intravenously, intramuscularly, intraperitoneally, and/or subcutaneously to the subject.
107. The method of any one of claims 90-91, 93, and 95-106, wherein the antibody or antigen-binding fragment, or the pharmaceutical composition is administered subcutaneously to the subject.
108. A method for generating the antibody or antigen-binding fragment of any one of claims 72-83, wherein said method comprises culturing the cell of any one of claims 87 to 89 and isolating said antibody or antigen-binding fragment.
109. A synthetic polynucleotide encoding the antibody or antigen-binding fragment of any one of claims 72-83.
110. A kit comprising (i) the antibody or antigen-binding fragment of any one of claims 72-83 and/or a polynucleotide of claim 109 and (ii) packaging for the same.