We claim:

1) Use of a composition comprising an isolated bispecific anti-epidermal growth factor receptor (EGFR)/hepatocyte growth factor receptor (c-Met) antibody for the manufacture of a medicament for the treatment of cancer that is positive for a c-Met exon 14 skipping mutation in a subject.
2) Use of a composition comprising a bispecific anti-EGFR/c-Met antibody for the manufacture of a medicament for the treatment of a subject having cancer, comprising:
    a) providing a biological sample from the subject;
    b) determining presence or absence of a c-Met exon 14 skipping mutation in the sample;
    c) administering or providing for administration of the medicament to the subject determined to have c-Met exon 14 skipping mutation.
3) The use according to claim 1 or 2, wherein the bispecific anti-EGFR/c-Met antibody comprises a first domain that specifically binds EGFR and a second domain that specifically binds c-Met, wherein the first domain comprises a heavy chain complementarity determining region 1 (HCDR1) of SEQ ID NO: 1, a HCDR2 of SEQ ID NO: 2, a HCDR3 of SEQ ID NO: 3, a light chain complementarity determining region 1 (LCDR1) of SEQ ID NO: 4, a LCDR2 of SEQ ID NO: 5 and a LCDR3 of SEQ ID NO: 6 a second domain that binds c-Met, wherein the second domain comprises the HCDR1 of SEQ ID NO: 7, the HCDR2 of SEQ ID NO: 8, the HCDR3 of SEQ ID NO: 9, the LCDR1 of SEQ ID NO: 10, the LCDR2 of SEQ ID NO: 11 and the LCDR3 of SEQ ID NO: 12.
4) The use according to claim 3, wherein the first domain that specifically binds EGFR comprises a heavy chain variable region (VH) of SEQ ID NO: 13 and a light chain variable region (VL) of SEQ ID NO: 14, and the second domain that specifically binds c-Met comprises the VH of SEQ ID NO: 15 and the VL of SEQ ID NO: 16.
5) The use of any one of claims 1-4, wherein the bispecific anti-EGFR/c-Met antibody is an IgG1 isotype.
6) The use of any one of claims 1-5, wherein the bispecific anti-EGFR/c-Met antibody comprises a first heavy chain (HC1) of SEQ ID NO: 17, a first light chain (LC1) of SEQ ID NO: 18, a second heavy chain (HC2) of SEQ ID NO: 19 and a second light chain (LC2) of SEQ ID NO: 20.
7) The use of any one of claims 1-6, wherein the bispecific anti-EGFR/c-Met antibody comprises a biantennary glycan structure with a fucose content of about between 1% to about 15%.
8) The use of any one of claims 1-7, wherein the subject is relapsed or resistant to treatment with one or more prior anti-cancer therapies.

9) The use of claim 8, wherein the one or more prior anti-cancer therapies comprises one or more chemotherapeutic agents, checkpoint inhibitors, targeted anti-cancer therapies or kinase inhibitors, or any combination thereof.

10) The use of claim 8, wherein the one or more prior anti-cancer thearpies comprises carboplatin, paclitaxel, gemcitabine, cisplatin, vinorelbine, docetaxel, palbociclib, crizotinib, PD-(L)1 axis inhibitor, an inhibitor of EGFR, an inhibitor of c-Met, an inhibitor of HER2, an inhibitor of HER3, an inhibitor of HER4, an inhibitor of VEGFR, an inhibitor of AXL, erlotinib, gefitinib, lapatinib, vandetanib, afatinib, osimertinib, lazertinib, poziotinib, criotinib, cabozantinib, capmatinib, axitinib, lenvatinib, nintedanib, regorafenib, pazopanib, sorafenib or sunitinib, or any combination thereof.

11) The use of any one of claims 1-7, wherein the subject is treatment naïve.

12) The use of any one of claims 1-11, wherein cancer that is positive for c-Met exon 14 skipping mutation is positive for CDK4 amplification, EGFR amplification, KRAS amplification, MDM2 amplification, TERT amplification, NF1 R2450*; RAD50 L597Vfs*5, MET c.3082 +3A>G, EGFR, wild-type EGFR, an EGFR activating mutation, increased levels of circulating HGF, c-MET amplification or a mutant KRAS, or any combination thereof.

13) The use of claim 12, wherein the EGFR activating mutation comprises L718Q, G719A, G719X (X being any amino acid), L861X (X being any amino acid), L858R, E746K, L747S, E749Q, A750P, A755V, V765M, C797S, L858P or T790M substitution, deletion of E746-A750, deletion of R748-P753, insertion of Ala (A) between M766 and A767, insertion of Ser, Val and Ala (SVA) between S768 and V769, insertion of Asn and Ser (NS) between P772 and H773, insertion of one or more amino acids between D761 and E762, A763 and Y764, Y764 and Y765, M766 and A767, A767 and V768, S768 and V769, V769 and D770, D770 and N771, N771 and P772, P772 and H773, H773 and V774, V774 and C775, one or more deletions in EGFR exon 20, or one or more insertions in EGFR exon 20, or any combination thereof.

14) The use of claim 12, wherein the mutant KRAS comprises a G12V, G12C, G12A or G12D substitution, or any combination thereof.

15) The use of any one of claims 1-14, wherein the cancer is lung cancer, gastric cancer, colorectal cancer, brain cancer, cancer derived from epithelial cells, breast cancer, ovarian cancer, colorectal cancer, anal cancer, prostate cancer, kidney cancer, bladder cancer, head and neck cancer, pharynx cancer, cancer of the nose, pancreatic cancer, skin cancer, oral cancer, cancer of the tongue, esophageal cancer, vaginal cancer, cervical cancer, cancer of the spleen, testicular cancer, gastric cancer, cancer of the thymus, colon cancer, thyroid cancer, liver cancer, hepatocellular carcinoma (HCC) or sporadic or hereditary papillary renal cell carcinoma (PRCC), or any combination thereof.

16) The use of claim 15, wherein lung cancer is non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC) or lung adenocarcinoma, pulmonary sarcomatoid carcinoma or any combination thereof.

17) The use of any one of claims 1-16, wherein the medicament is for use further in combination with one or more anti-cancer therapies to the subject.

18) The use of claim 17, wherein the one or more anti-cancer therapies comprises chemotherapy, radiation therapy, surgery, a targeted anti-cancer therapy or a kinase inhibitor, or any combination thereof.

19) The use of claim 18, wherein the kinase inhibitor is an inhibitor of EGFR, an inhibitor of c-Met, an inhibitor of HER2, an inhibitor of HER3, an inhibitor of HER4, an inhibitor of VEGFR or an inhibitor of AXL.

20) The use of claim 19, wherein the kinase inhibitor is erlotinib, gefitinib, lapatinib, vandetanib, afatinib, osimertinib, lazertinib, poziotinib, criotinib, cabozantinib, capmatinib, axitinib, lenvatinib, nintedanib, regorafenib, pazopanib, sorafenib or sunitinib.

21) The use of any one of claims 1-20, wherein the c-Met exon 14 skipping mutation is a *de novo* mutation.

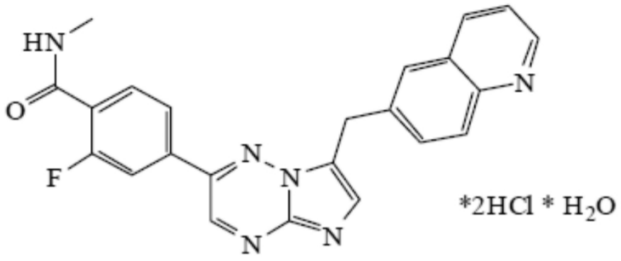
22) The use of any one of claims 1-21, wherein the c-Met exon 14 skipping mutation is an acquired mutation.

23) The use of any one of claims 1-22, wherein the bispecific anti-EGFR/c-Met antibody is for administration at a dose of between about 140 mg to about 1750 mg.

24) The use of any one of claims 1-23, wherein the bispecific anti-EGFR/c-Met antibody is for administration at a dose of about 700 mg, about 750 mg, about 800 mg, about 850 mg, 900 mg, 950 mg, 1000 mg, 1050 mg, 1100 mg, 1150 mg, 1200 mg, 1250 mg, 1300 mg, 1350 mg or 1400 mg.

25) The use of any one of claims 1-24, wherein the bispecific anti-EGFR/c-Met antibody is for administration twice a week, once a week, once in two weeks, once in three weeks or once in four weeks.

26) Use of a composition comprising an isolated bispecific anti-epidermal growth factor receptor (EGFR)/hepatocyte growth factor receptor (c-Met) antibody for the manufacture of a medicament for treatment of a cancer that is positive for a c-Met exon 14 skipping mutation in a subject, wherein the medicament is for use in combination with a compound of formula (II)



(II),

or solvate, hydrate, tautomer, or a pharmaceutically acceptable salt thereof.

27) The use of claim 26, wherein the bispecific anti-EGFR/c-Met antibody comprises a first domain that binds EGFR comprising a heavy chain complementarity determining region 1 (HCDR1) of SEQ ID NO: 1, a HCDR2 of SEQ ID NO: 2, a HCDR3 of SEQ ID NO: 3, a light chain complementarity determining region 1 (LCDR1) of SEQ ID NO: 4, a LCDR2 of SEQ ID NO: 5 and a LCDR3 of SEQ ID NO: 6 and a second domain that binds c-Met comprising the HCDR1 of SEQ ID NO: 7, the HCDR2 of SEQ ID NO: 8, the HCDR3 of SEQ ID NO: 9, the LCDR1 of SEQ ID NO: 10, the LCDR2 of SEQ ID NO: 11 and the LCDR3 of SEQ ID NO: 12.

28) The use of claim 27, wherein the first domain that binds EGFR comprises a heavy chain variable region (VH) of SEQ ID NO: 13 and a light chain variable region (VL) of SEQ ID NO: 14 and the second domain that binds c-Met comprises the VH of SEQ ID NO: 15 and the VL of SEQ ID NO: 16.

29) The use of any one of claims 26-28, wherein the bispecific anti-EGFR/c-Met antibody is an IgG1 isotype.

30) The use of any one of claims 26-29, wherein the bispecific anti-EGFR/c-Met antibody comprises a first heavy chain (HC1) of SEQ ID NO: 17, a first light chain (LC1) of SEQ ID NO: 18, a second heavy chain (HC2) of SEQ ID NO: 19 and a second light chain (LC2) of SEQ ID NO: 20.

31) The use of any one of claims 26-30, wherein the bispecific anti-EGFR/c-Met antibody has a biantennary glycan structure with a fucose content of between about 1% to about 15%.

32) The use of any one of claims 26-31, wherein the compound of formula (II) or solvate, hydrate, tautomer, or a pharmaceutically acceptable salt thereof is 2-Fluoro-N-methyl-4-[7-(quinolin-6-ylmethyl)imidazo[1,2-b][1,2,4]triazin-2-yl]benzamide—hydrogen chloride—water (1/2/1).

33) The use of any one of claims 26-32, wherein the subject is relapsed or resistant to treatment with one or more prior anti-cancer therapies.

34) The use of claim 33, wherein the one or more prior anti-cancer therapies comprises one or more chemotherapeutic agents, checkpoint inhibitors, targeted anti-cancer therapies or kinase inhibitors, or any combination thereof.

35) The use of claim 33, wherein the one or more prior anti-cancer thearpies comprises carboplatin, paclitaxel, gemcitabine, cisplatin, vinorelbine, docetaxel, palbociclib, crizotinib, PD-(L)1 axis inhibitor, an inhibitor of EGFR, an inhibitor of c-Met, an inhibitor of HER2, an inhibitor of HER3, an inhibitor of HER4, an inhibitor of VEGFR, an inhibitor of AXL, erlotinib, gefitinib, lapatinib, vandetanib, afatinib, osimertinib, lazertinib, poziotinib, criotinib, cabozantinib, axitinib, lenvatinib, nintedanib, regorafenib, pazopanib, sorafenib or sunitinib, or any combination thereof.

36) The use of any one of claims 26-32, wherein the subject is treatment naïve.

37) The use of any one of claims 26-36, wherein cancer that is positive for c-Met exon 14 skipping mutation is positive for CDK4 amplification, EGFR amplification, KRAS amplification, MDM2 amplification, TERT amplification, NF1 R2450*; RAD50 L597Vfs*5, MET c.3082 +3A>G, EGFR, wild-type EGFR, an EGFR activating mutation, increased levels of circulating HGF, c-MET amplification or a mutant KRAS, or any combination thereof.

38) The use of claim 37, wherein the EGFR activating mutation comprises L718Q, G719A, G719X (X being any amino acid), L861X (X being any amino acid), L858R, E746K, L747S, E749Q, A750P, A755V, V765M, C797S, L858P or T790M substitution, deletion of E746-A750, deletion of R748-P753, insertion of Ala (A) between M766 and A767, insertion of Ser, Val and Ala (SVA) between S768 and V769, insertion of Asn and Ser (NS) between P772 and H773, insertion of one or more amino acids between D761 and E762, A763 and Y764, Y764 and Y765, M766 and A767, A767 and V768, S768 and V769, V769 and D770, D770 and N771, N771 and P772, P772 and H773, H773 and V774, V774 and C775, one or more deletions in EGFR exon 20, or one or more insertions in EGFR exon 20, or any combination thereof.

39) The use of claim 37, wherein the mutant KRAS comprises a G12V, G12C, G12A or G12D substitution, or any combination thereof.

40) The use of any one of claims 26-39, wherein the cancer is lung cancer, gastric cancer, colorectal cancer, brain cancer, cancer derived from epithelial cells, breast cancer, ovarian cancer, colorectal cancer, anal cancer, prostate cancer, kidney cancer, bladder cancer, head and neck cancer, pharynx cancer, cancer of the nose, pancreatic cancer, skin cancer, oral cancer, cancer of the tongue, esophageal cancer, vaginal cancer, cervical cancer, cancer of the spleen, testicular cancer, gastric cancer, cancer of the thymus, colon cancer, thyroid cancer, liver cancer, hepatocellular carcinoma (HCC) or sporadic or hereditary papillary renal cell carcinoma (PRCC), or any combination thereof.

41) The use of claim 40, wherein lung cancer is non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC) or lung adenocarcinoma, pulmonary sarcomatoid carcinoma or any combination thereof.

42) The use of any one of claims 26-41, comprising further administering one or more anti-cancer therapies to the subject.

43) The use of claim 42, wherein the one or more anti-cancer therapies comprises chemotherapy, radiation therapy, surgery, a targeted anti-cancer therapy or a kinase inhibitor, or any combination thereof.

44) The use of claim 43, wherein the kinase inhibitor is an inhibitor of EGFR, an inhibitor of c-Met, an inhibitor of HER2, an inhibitor of HER3, an inhibitor of HER4, an inhibitor of VEGFR or an inhibitor of AXL.

45) The use of claim 44, wherein the kinase inhibitor is erlotinib, gefitinib, lapatinib, vandetanib, afatinib, osimertinib, lazertinib, poziotinib, criotinib, cabozantinib, capmatinib, axitinib, lenvatinib, nintedanib, regorafenib, pazopanib, sorafenib or sunitinib.

46) The use of any one of claims 26-45, wherein the c-Met exon 14 skipping mutation is a *de novo* mutation.

47) The use of any one of claims 26-46, wherein the c-Met exon 14 skipping mutation is an acquired mutation.

48) The use of any one of claims 26-47, wherein the bispecific anti-EGFR/c-Met antibody is for administration at a dose of between about 140 mg to about 1750 mg.

49) The use of any one of claims 26-48, wherein the bispecific anti-EGFR/c-Met antibody is for administration at a dose of about 700 mg, about 750 mg, about 800 mg, about 850 mg, 900 mg, 950 mg, 1000 mg, 1050 mg, 1100 mg, 1150 mg, 1200 mg, 1250 mg, 1300 mg, 1350 mg or 1400 mg.

50) The use of any one of claims 26-49, wherein the bispecific anti-EGFR/c-Met antibody is for administration twice a week, once a week, once in two weeks, once in three weeks or once in four weeks.