Drug	Target	Format / Platform	rted ADA Incide	levance (NAb & PK/Safety)
Blinatumomab	CD19 x CD3	BiTE (scFv, no F	< 2%	Rare due to short T1/2 and rapid clearance; NAbs can reduce efficacy but are uncommon.
Emicizumab	FIXa x FX	Asymmetric IgG4	~5%	<1% develop neutralizing antibodies with loss of efficacy. Generally safe.
Amivantamab	EGFR x MET	DuoBody (IgG1-l	~3%	Low incidence; generally no impact on PK, safety, or efficacy observed in NSCLC.
Tebentafusp	gp100 x CD3	ImmTAC (TCR-b	~33%	High ADA rate (solid tumor setting). High titers associated with reduced exposure, but no impact on efficacy (T-cell potency compensates).
Faricimab	VEGF-A x Ang-2	CrossMab (IgG1	~10%	Intraocular admin. ADAs generally have no impact on clinical efficacy/safety, but intraocular inflammation is closely monitored.
Mosunetuzumab	CD20 x CD3	IgG1 (Knobs-into	< 5%	Low immunogenicity; no clinically meaningful impact on PK/efficacy.
Teclistamab	BCMA x CD3	DuoBody (IgG4-	< 1%	Extremely low. Likely due to severe immunosuppression in Multiple Myeloma (MM) patients.
Glofitamab	CD20 x CD3	2:1 Format (IgG	~2%	Low incidence; no clinically relevant impact.
Epcoritamab	CD20 x CD3	DuoBody (IgG1-	~2.6%	Low incidence; consistent with other DuoBody CD20 agents.
Talquetamab	GPRC5D x CD3	DuoBody (IgG4-	~23% – 38%	Significantly higher than Teclistamab despite same platform/disease. Suggests target-driven immunogenicity (GPRC5D). Generally non-neutralizing.
Elranatamab	BCMA x CD3	IgG2a-based	~53%	Very High. Treatment-emergent ADAs common. While titers dropped over time, this contrasts sharply with Teclistamab, highlighting backbone/linker risks.
Tarlatamab	DLL3 x CD3	HLE-BiTE (Fc-fu	~9% – 12%	Moderate. SCLC patients (solid tumor) are more immunocompetent than myeloma patients.
Zanidatamab	HER2 x HER2	Azymetric (IgG1-	< 2%	Low. Asymmetric scaffold appears well-tolerated in solid tumors (biliary tract/GEJ).
Linvoseltamab	BCMA x CD3	Regeneron (IgG-	~28%	Moderate-High. Comparisons to Teclistamab suggest the Regeneron scaffold or linker may be more immunogenic than the DuoBody format in this context.