

# Investor presentation

August 2026



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Finally, while Tango believes its internal research is reliable, such research has not been verified by any independent source.

# Leaders in PRMT5 science, advancing to late-stage development based on compelling clinical data

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**Strong balance sheet + well funded** to execute clinical development plan with **\$1B+** in cash on hand

**Compelling data** for vopimetostat + RAS(ON) inhibitors supports development in **1L PDAC**

**Vopimetostat** is a highly potent and selective PRMT5 inhibitor with **first- and best-in-class potential**

**PRMT5 franchise** potential with **vopimetostat** and CNS-penetrant **TNG456** in lung, GBM and additional tumor types

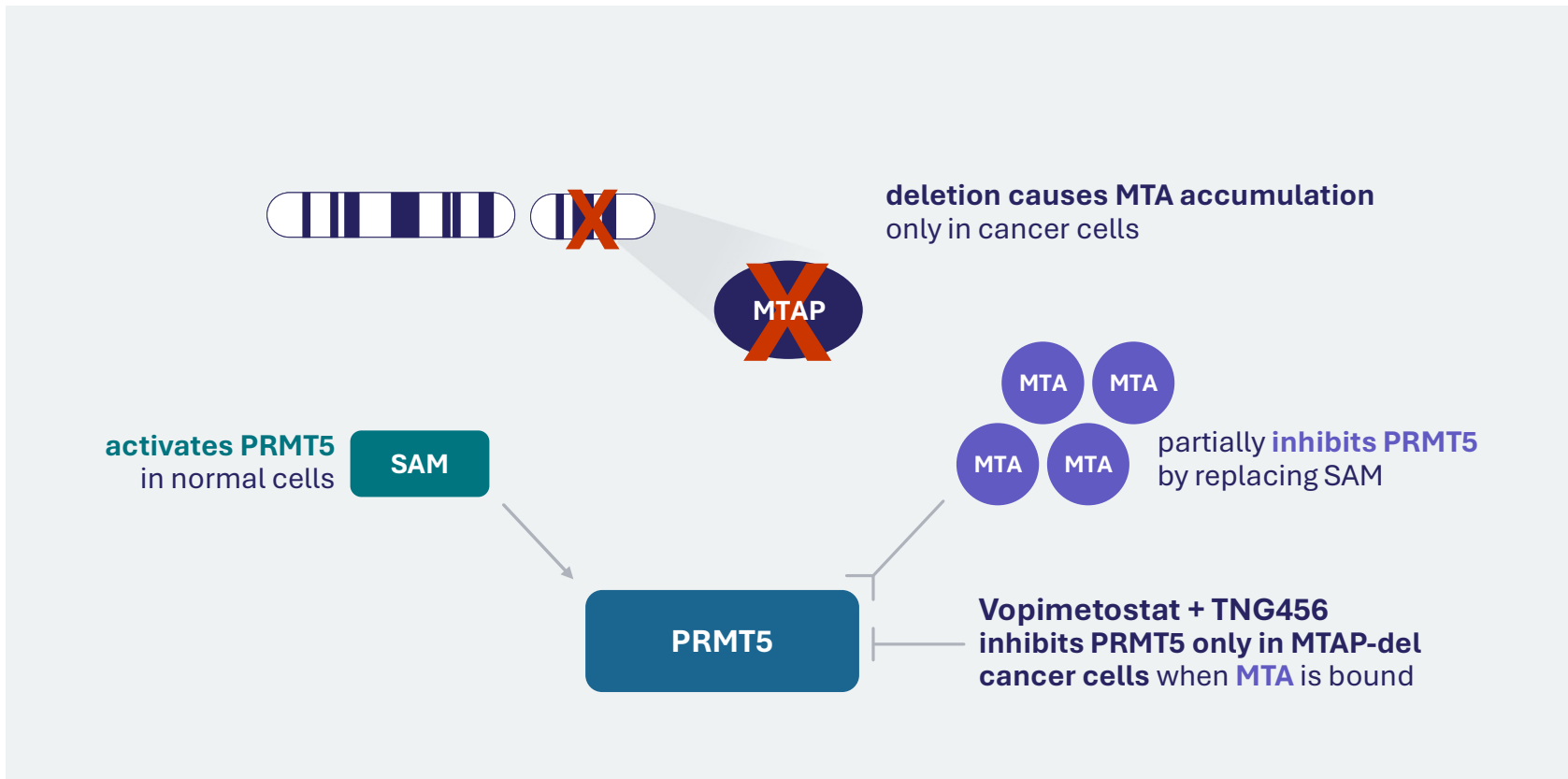


# Wholly-owned pipeline targeting MTAP deleted cancers

| MOLECULE     | INDICATION      | COMBINATION                     | CLINICAL PHASE         |           |         | STATUS & ANTICIPATED MILESTONES      |
|--------------|-----------------|---------------------------------|------------------------|-----------|---------|--------------------------------------|
|              |                 |                                 | PRE-CLINICAL           | PHASE 1/2 | PHASE 3 |                                      |
| Vopimetostat | 1L PDAC*        | + daraxonrasib                  | <div><div></div></div> |           |         | Study design to be finalized 2H 2026 |
|              | 2L PDAC         | + daraxonrasib                  | <div><div></div></div> |           |         | Expansion of ongoing Phase 1/2 study |
|              | PDAC, Lung      | + daraxonrasib<br>+ zoldonrasib | <div><div></div></div> |           |         | Additional data 2H 2026              |
|              | MTAP-del tumors | Monotherapy                     | <div><div></div></div> |           |         | Lung data 2H 2026                    |
|              | PDAC, Lung      | + ERAS-0015                     | <div><div></div></div> |           |         | Study start 2H 2026                  |
| TNG456       | Glioblastoma    | Monotherapy                     | <div><div></div></div> |           |         | Phase 1/2 data 2H 2026               |

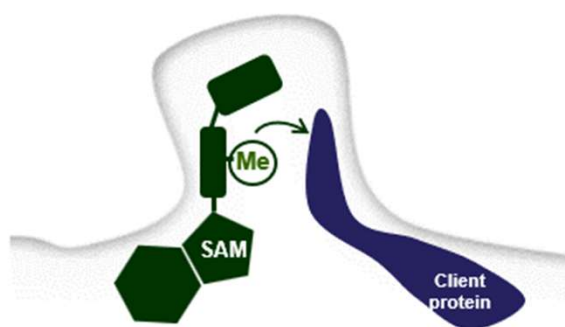
\*Planned

# MTAP-del cancers are uniquely sensitive to PRMT5 inhibition



# Vopimetostat and TNG456 selectively inhibit PRMT5 in MTAP-del cancers

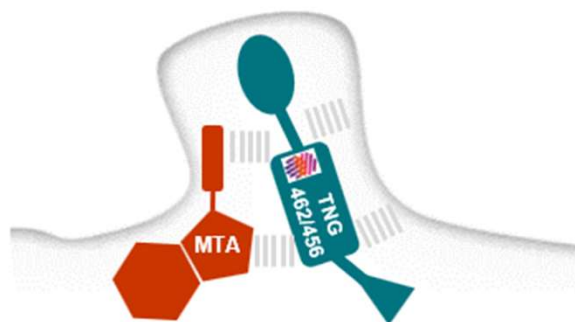
Normal cells



Active PRMT5

- Active SAM-PRMT5 complexes predominate in normal cells
- Non-MTA cooperative PRMT5 inhibitors are equally cytotoxic in normal and MTAP-del cells

MTAP-del cancer cells



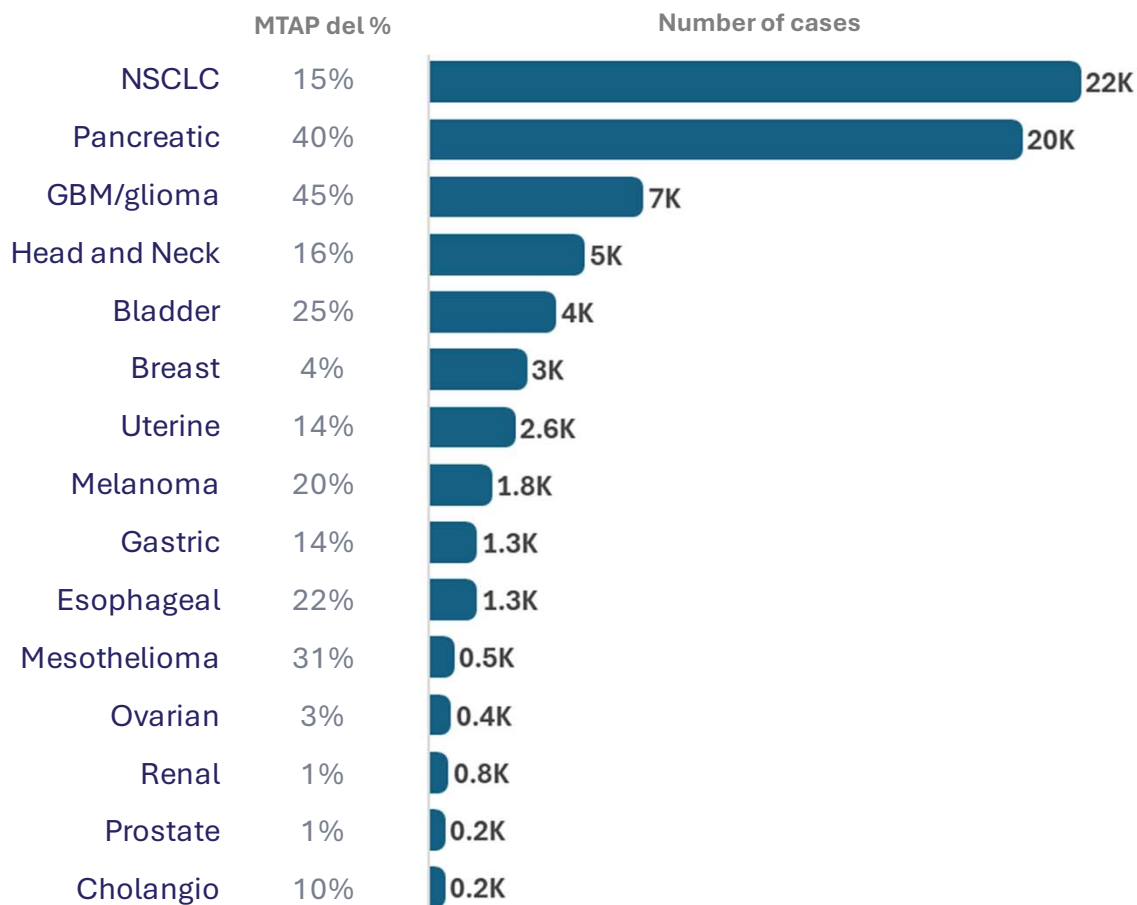
Inactive PRMT5

- Inactive MTA-PRMT5 complexes predominate in MTAP-del cancer cells
- MTA-cooperative PRMT5 inhibitors preferentially kill MTAP-del cells

## Key points

- Vopimetostat and TNG456 selectively kill MTAP-del cancer cells while largely sparing normal cells
- Vopimetostat and TNG456 lock PRMT5-MTA into the inactive state (MTA cooperative)

# ~60,000 patients with MTAP del metastatic cancers annually in the US



## Plan to initially prioritize PDAC

- Potential blockbuster opportunity for vopimetostat in PDAC alone
  - Nearly all patients with an MTAP deletion have a co-occurring KRAS mutation
  - Significant medical need with potential for meaningful improvement over standard of care
  - Opportunity to lead in rapidly changing landscape
- Multiple indication expansion opportunities (NSCLC, GBM) to drive long-term growth

Patient population sizes estimated using data from SEER, Kantar, TCGA PanCancer Atlas and other sources. PDAC, pancreatic ductal adenocarcinoma. NSCLC, non-small cell lung cancer.

# Vopimetostat: Potential best-in-class PRMT5 Inhibitor

Advancing Toward Pivotal Trials with Chemotherapy- Free Combination Approaches in Pancreatic Cancer



## Differentiated profile

Highly selective and potent for potentially superior PRMT5 suppression

Orphan drug designation for pancreatic cancer in US and EU



## Clinically validated

Robust monotherapy responses and potentially best-in-class tolerability

27% ORR monotherapy in all tumor types\*



## Combination strategy

Targeted combination approach to increase response rate and prolong durability

92% ORR of vopimetostat + daraxonrasib combo in 2/3L PDAC



## Expansion potential

Monotherapy lung data in 2H 2026

Potential for development in other tumor types

\*Data extract 1 Sept 2025

## Vopimetostat + RAS(ON) inhibitors

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# Evolution of standard of care for pancreatic cancer

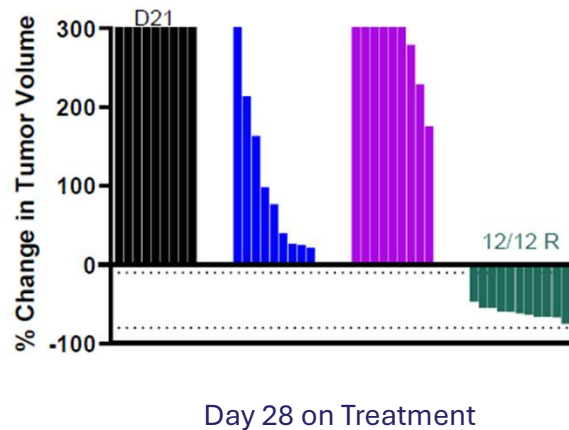
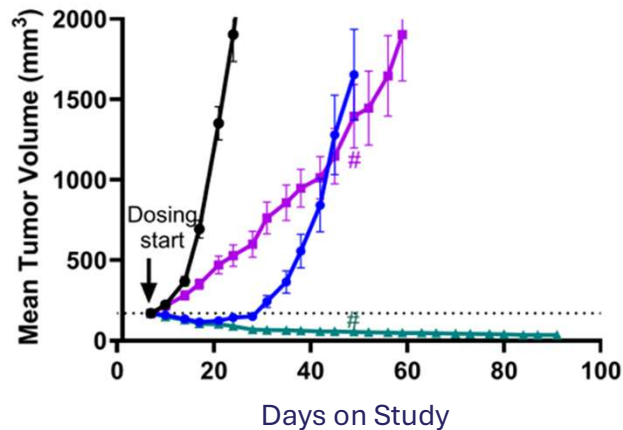


1. Wolpin et al. ASCO, 2026.

# PRMT5 + RAS inhibition demonstrated preclinical synergy

## *In vivo* model demonstrated striking combination efficacy

MTAP-null, KRAS<sup>G12D</sup> PDAC CDX (KP4)



● Vehicle    ● 100 mpk QD RMC-9805    ■ 20 mpk QD BID TNG462    ▲ RMC-9805 + TNG462

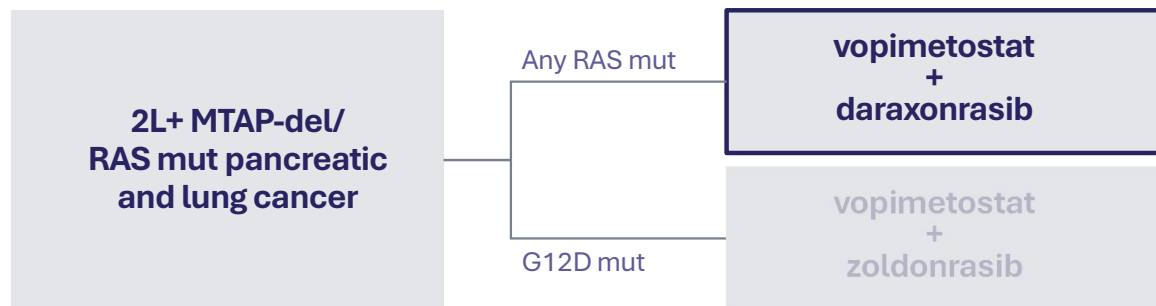
## Key points

- KRAS inhibition + PRMT5 inhibition is synergistic in multiple preclinical models<sup>1</sup>
- Clinical data to date support synergy of combination in patients

1. Knoll, Cancer Research 2025; Drizyte-Miller, Cancer Research 2025  
PDAC, pancreatic ductal adenocarcinoma; QD, once daily; BID, twice daily.

# First PRMT5 inhibitor combined with RAS inhibitors in the clinic

## Phase 1 dose escalation trial



### Key inclusion criteria:

- MTAP loss by NGS or IHC
- 1-2 lines prior systemic therapy in metastatic setting
- ECOG PS 0 or 1
- No prior PRMT5i or RASi



## Vopimetostat + daraxonrasib:

- **Dose escalation range:**  
200 mg – 250 mg vopimetostat QD  
+ 100 mg daraxonrasib QD
- **Evaluable patients**  
Safety n=25  
Efficacy n=15

## MTAP status for enrollment:

85% by NGS / 15% by IHC  
~95% concordance (NGS and IHC)

Data extract 28 May 2026. Patients who received first dose at least 14 weeks prior to data cutoff were efficacy evaluable. All treated patients were safety evaluable. 2L, second line; NGS, next-generation sequencing; IHC, immunohistochemistry.

## Vopimetostat + daraxonrasib in MTAPdel 2/3L PDAC: ORR 92% - 11 PRs in 12 patients



| N=12                                                                                        |      |
|---------------------------------------------------------------------------------------------|------|
| <b>ORR</b>                                                                                  | 92%  |
| <b>DCR</b>                                                                                  | 100% |
| <ul style="list-style-type: none"> <li>9 cPR</li> <li>2 uPR pending confirmation</li> </ul> |      |

### Dose levels:

DL1: 200 mg vopimetostat + 100 mg daraxonrasib

DL2: 250 mg vopimetostat + 100 mg daraxonrasib

Data extract 28 May 2026. Dashed line indicates threshold for PR (-30%). Objective response rate per RECIST v1.1 includes patients who received first dose of the study drug at least 14 weeks prior to the data extract to allow for 2 post-baseline scans. Median duration of follow-up 6.8 months (3.3 - 9.7). \*Patient discontinued due to non-compliance. Disease control rate (DCR) defined as fraction of patients with overall response of SD, PR, or CR at the time of the first scheduled scan. PDAC, pancreatic ductal adenocarcinoma; ORR, objective response rate; DCR, disease control rate; 2/3L, second/third line.

## Vopimetostat + daraxonrasib in MTAPdel NSCLC and PDAC: ORR 93% - 14 PRs in 15 patients



| N=15                                                                                             |      |
|--------------------------------------------------------------------------------------------------|------|
| ORR                                                                                              | 93%  |
| DCR                                                                                              | 100% |
| <ul style="list-style-type: none"> <li>• 12 cPR</li> <li>• 2 uPR pending confirmation</li> </ul> |      |

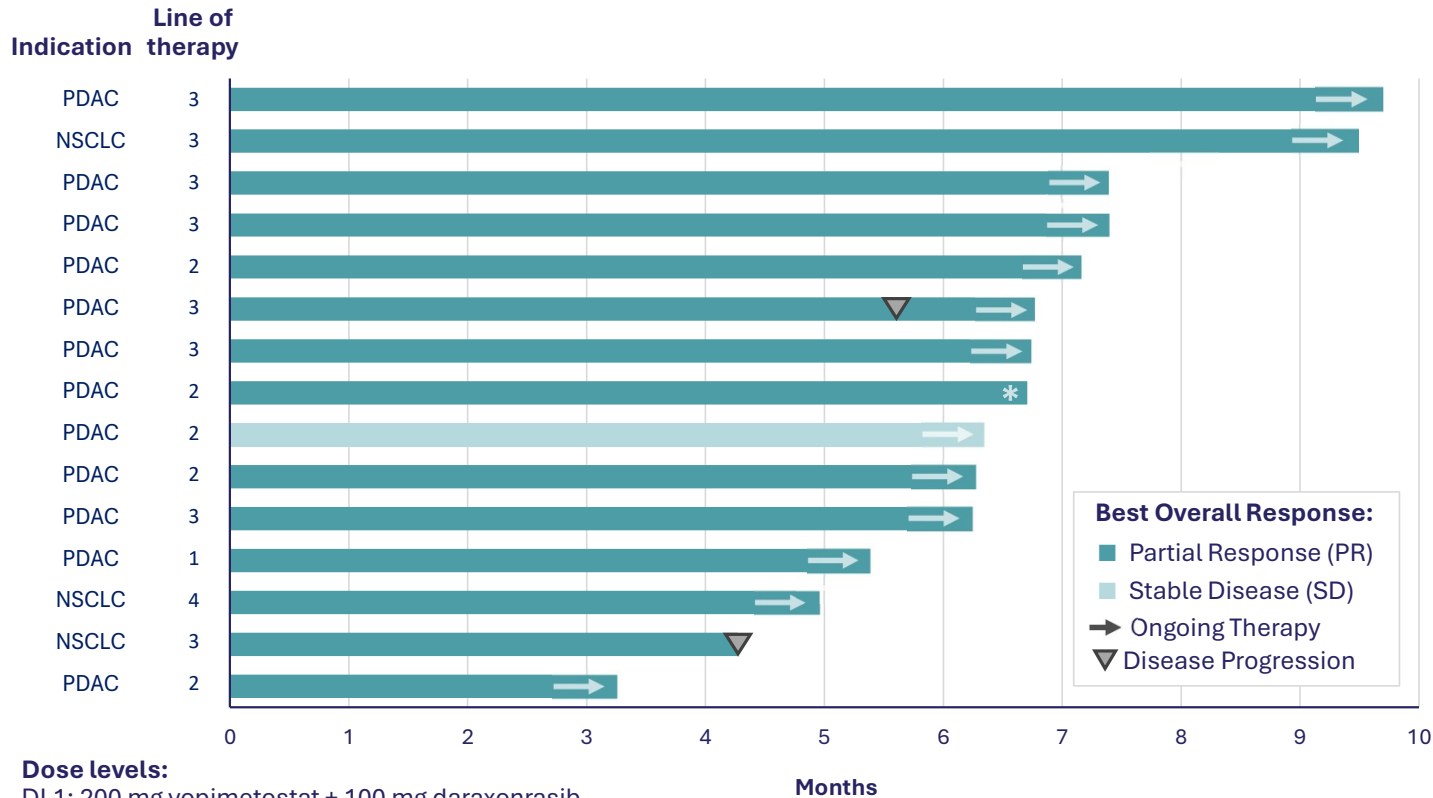
### Dose levels:

DL1: 200 mg vopimetostat + 100 mg daraxonrasib

DL2: 250 mg vopimetostat + 100 mg daraxonrasib

Data extract 28 May 2026. Dashed line indicates threshold for PR (-30%). Objective response rate (ORR per RECIST v1.1) and all efficacy data is reported in patients who received their first dose of the study drug combination at least 14 weeks prior to the data extract to allow for 2 potential post-baseline scans. Median duration of follow-up 6.7 months (3.3 - 9.7). \*Patient discontinued due to non-compliance. Disease control rate (DCR) defined as fraction of patients with overall response of SD, or PR at the time of the first evaluation. PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer. ORR, objective response rate; DCR, disease control rate; 2/3L, second/third line.

# Encouraging durability with vopimetostat + daraxonrasib



## Dose levels:

DL1: 200 mg vopimetostat + 100 mg daraxonrasib

DL2: 250 mg vopimetostat + 100 mg daraxonrasib

## Key Metrics

- Two disease progressions observed
- Longest treatment ~10 months, ongoing
- Median PFS NR (NE-NE)
- 90% 6-month PFS rate in PDAC (95% CI: 47-99)
- 50% of PDAC patients are 3L
- Patients not yet efficacy evaluable (n=9) are all ongoing with no disease progression

Data extract 28 May 2026. The swimmer plot displays all patients who received their first dose of the study drug combination at least 14 weeks prior to the data extract to allow for 2 potential post-baseline scans. \*Patient discontinued due to non-compliance. PDAC, pancreatic ductal adenocarcinoma. NSCLC, non-small cell lung cancer. CI, confidence interval.

## 72 year old woman with MTAPdel, KRAS-G12R metastatic pancreatic cancer who received vopimetostat + daraxonrasib in the 3L setting



**Baseline**



**Cycle 7, day 1:**  
cPR (-52%)  
Response ongoing

Data extract 28 May 2026. 3L, third line; cPR, confirmed partial response.

# Vopimetostat + daraxonrasib was generally well tolerated

|                         | Dose level 1<br>200 mg vopimetostat +<br>100 mg daraxonrasib<br>PDAC, N=16 |         | Dose level 1<br>200 mg vopimetostat +<br>100 mg daraxonrasib<br>NSCLC, N=5 |         | Dose level 2<br>250 mg vopimetostat +<br>100 mg daraxonrasib<br>PDAC, N=4 |         |
|-------------------------|----------------------------------------------------------------------------|---------|----------------------------------------------------------------------------|---------|---------------------------------------------------------------------------|---------|
|                         | All grades                                                                 | Grade 3 | All grades                                                                 | Grade 3 | All grades                                                                | Grade 3 |
| TRAEs ≥15%              |                                                                            |         |                                                                            |         |                                                                           |         |
| Patients with any event | 12 (75)                                                                    | 4 (25)  | 5 (100)                                                                    | -       | 4 (100)                                                                   | 3 (75)  |
| Rash*                   | 7 (44)                                                                     | -       | 5 (100)                                                                    | -       | 4 (100)                                                                   | 1 (25)  |
| Diarrhea                | 5 (31)                                                                     | -       | 4 (80)                                                                     | -       | 3 (75)                                                                    | -       |
| Stomatitis/mucositis    | 9 (56)                                                                     | -       | 1 (20)                                                                     | -       | 1 (25)                                                                    | 1 (25)  |
| Fatigue                 | 2 (13)                                                                     | -       | 1 (20)                                                                     | -       | 3 (75)                                                                    | 1 (25)  |
| Thrombocytopenia        | 4 (25)                                                                     | 2 (13)  | 1 (20)                                                                     | -       | 1 (25)                                                                    | -       |
| Nausea                  | 2 (13)                                                                     | -       | 2 (40)                                                                     | -       | 1 (25)                                                                    | -       |
| Peripheral edema        | 2 (13)                                                                     | -       | -                                                                          | -       | 2 (50)                                                                    | -       |

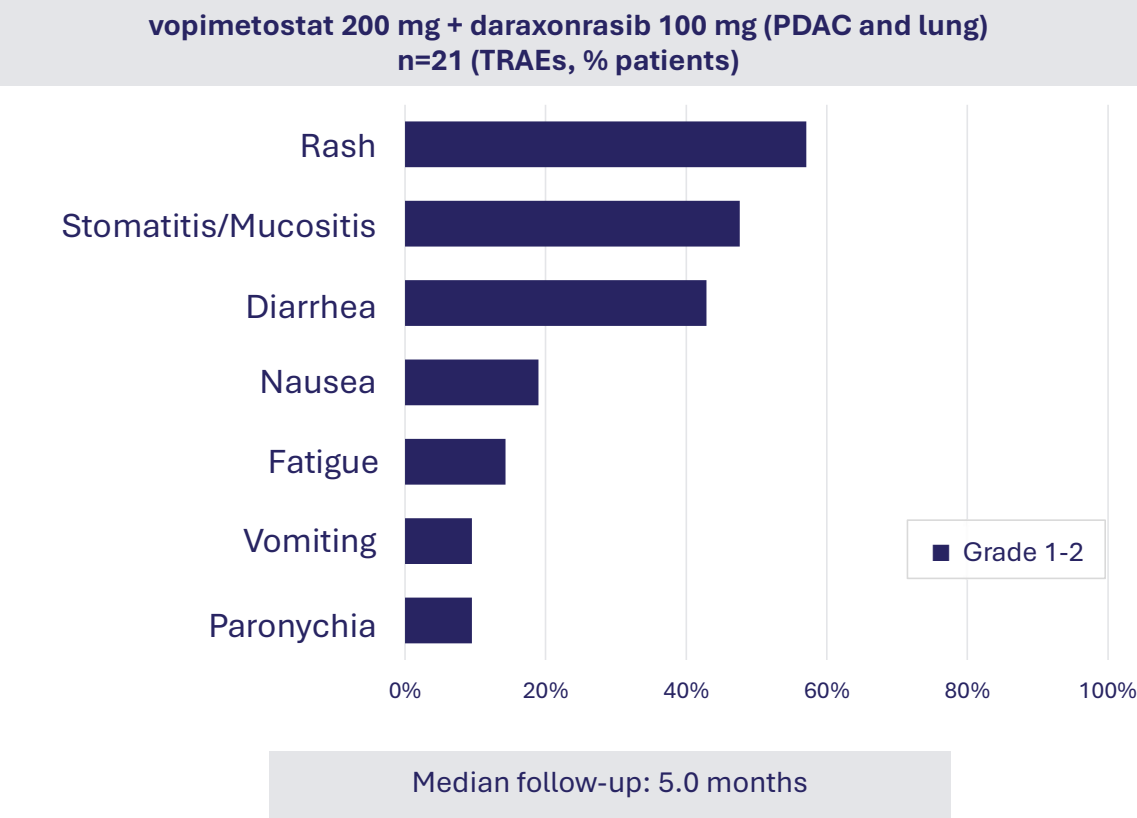
## Safety Summary

- No new safety signals observed
- No discontinuations due to AEs
- Two dose reductions – dose level 1
- One dose reduction – dose level 2
- Most AEs were Grade 1 or 2
- No related Grade 4 or 5 AEs
- No related SAEs
- At dose level 1: No DLTs
- At dose level 2:
  - DLTs in 2 patients:
    - Grade 3 acneiform rash (dose reduced, continued on study)
    - Grade 3 stomatitis and fatigue (withdrew consent)

Plan to advance dose level 1 into further clinical development

Data extract 28 May 2026. The safety population includes all patients with PDAC who received at least one dose of the study drug combination prior to the data extract. Median duration of follow-up 5.8 (1.0-9.7). \*Rash includes TRAEs of rash, rash maculo-papular and dermatitis acneiform. DLT, dose-limiting toxicity. SAE, serious adverse event. TRAE, treatment-related adverse event.

# Vopimetostat + daraxonrasib has favorable RAS associated safety profile



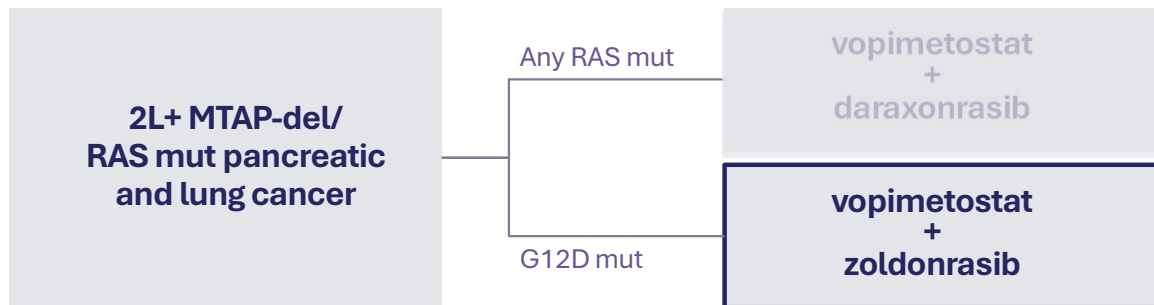
**Pharmacokinetics and safety  
dose level 1**

- Daraxonrasib AUC: 4106 hr\*ng/ml (n=13, CV 40.5%)  
- Similar to daraxonrasib 300 mg single agent<sup>1</sup>
- PRMT5 inhibition may improve RAS inhibitor-mediated on target toxicity due to upregulation of MAPK activation / pERK<sup>2</sup>
- No grade ≥ 3 RAS associated TRAEs

Data extract 28 May 2026. Data displayed are AEs most frequently associated with RAS inhibitors. There were no Grade 3+ related AEs.  
1. Wolpin et al, NEJM, N Engl J Med 2026;394:1790-1802. 2. Knoll, Cancer Research 2025; Drizyte-Miller, Cancer Research 2025

# First PRMT5 inhibitor combined with RAS inhibitors in the clinic

## Phase 1 dose escalation trial



### Key inclusion criteria:

- MTAP loss by NGS or IHC
- Prior lines:
  - PDAC: 1-2 lines prior systemic therapy in metastatic setting
- ECOG PS 0 or 1
- No prior PRMT5i or RASi



## Vopimetostat + zoldonrasib:

- **Dose escalation range:**  
200 – 250 mg vopimetostat QD +  
600 – 1200 mg zoldonrasib QD
- **Evaluable patients:**  
Safety n=34  
Efficacy n=27

## MTAP status for enrollment:

85% by NGS / 15% by IHC  
~95% concordance (NGS and IHC)

Data extract 28 May 2026. Patients who received first dose at least 14 weeks prior to data cutoff were efficacy evaluable, all treated patients safety evaluable. 2L, second line; NGS, next-generation sequencing; IHC, immunohistochemistry; PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer.

# Vopimetostat + zoldonrasib was generally well tolerated

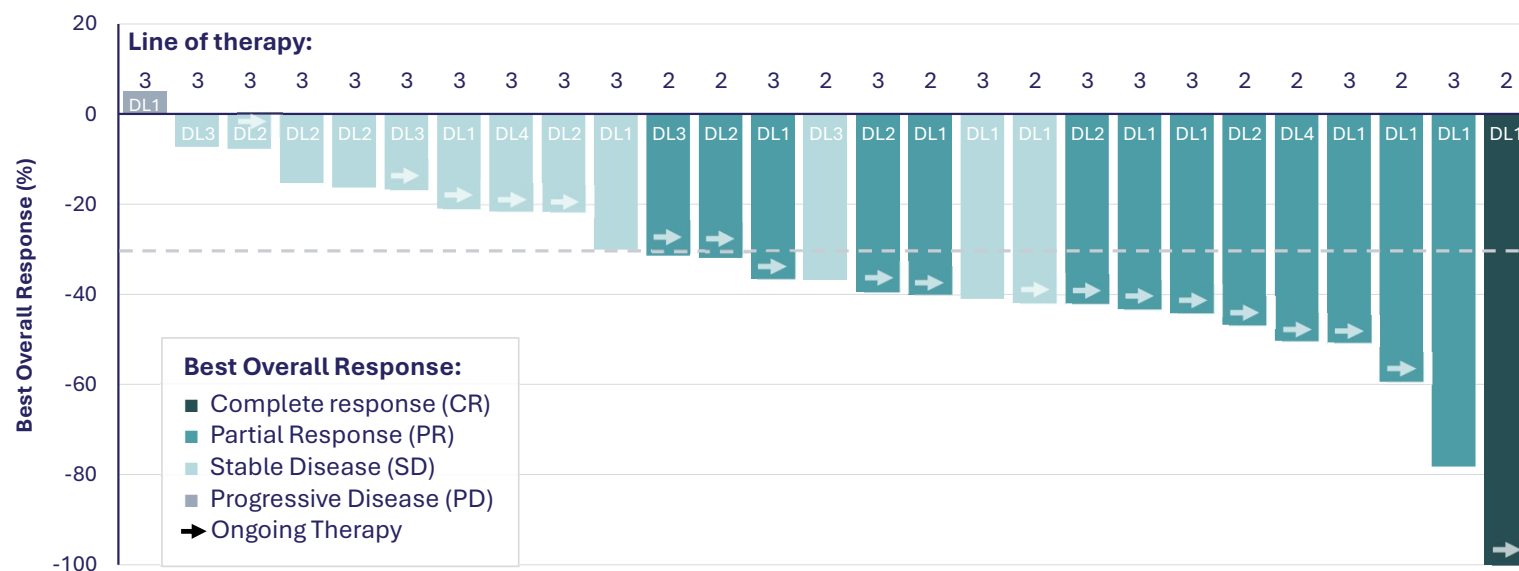
| All dose levels<br>vopimetostat +<br>zoldonrasib<br>N=34 |            |         |
|----------------------------------------------------------|------------|---------|
|                                                          | All grades | Grade 3 |
| TRAEs ≥15%                                               |            |         |
| Patients with any event                                  | 28 (82)    | 9 (26)  |
| Anemia                                                   | 8 (24)     | 6 (18)  |
| Nausea                                                   | 12 (35)    | -       |
| Vomiting                                                 | 12 (35)    | -       |
| Rash (all grade 1)                                       | 8 (24)     | -       |
| Diarrhea                                                 | 7 (21)     | 1 (3)   |
| Fatigue                                                  | 7 (21)     | -       |
| Dysgeusia                                                | 6 (18)     | -       |

## Safety Summary

- No new safety signals observed
- No discontinuations due to AEs
- One dose reduction
- Most AEs were Grade 1 or 2
- No related Grade 4 or 5 AEs
- 3 treatment related SAEs
  - Anemia
  - Thrombocytopenia
  - Vision blurred
- No DLTs

Data extract 28 May 2026. Safety-evaluable population includes patients who received at least 1 dose of the study drug combination. There were no related Grade 4 or 5 events. Median duration of follow-up 4.9 months (0.6-11.1). TRAE, treatment-related adverse event; SAE, serious adverse event; DLT, dose-limiting toxicity.

# Vopimetostat + zoldonrasib in MTAPdel KRAS G12D 2/3L PDAC: ORR 52% - 14 PRs in 27 patients



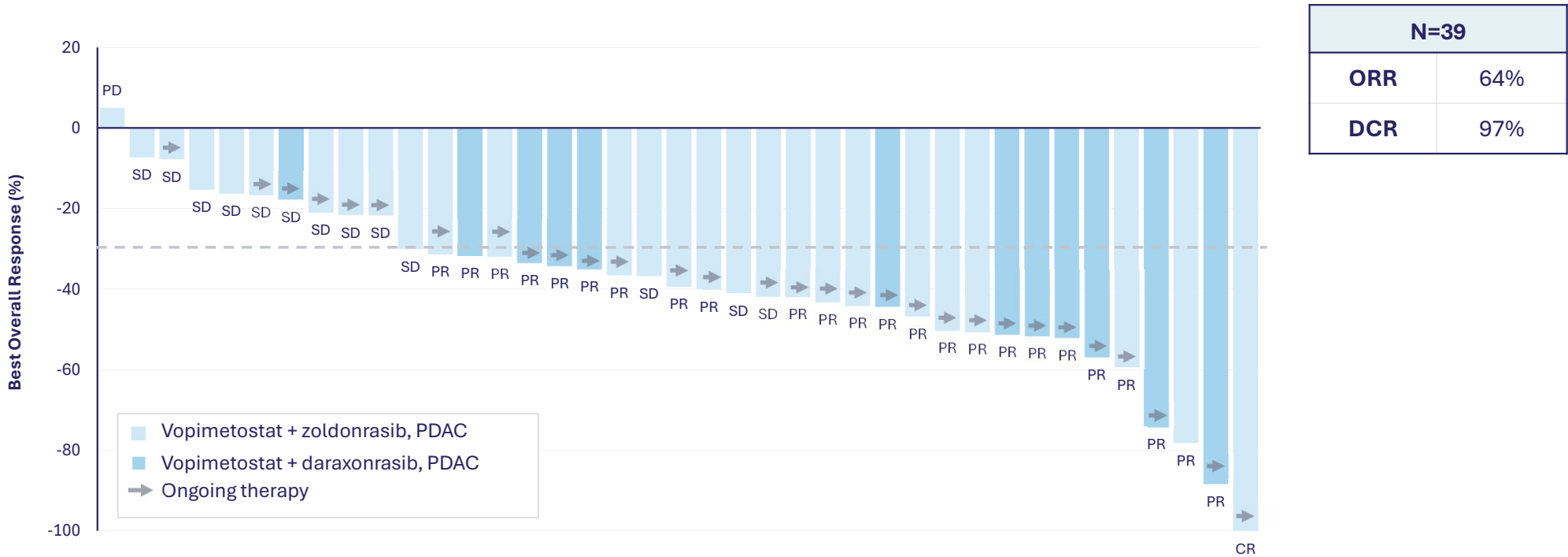
## Dose levels:

- DL1: 200 mg vopimetostat + 600 mg zoldonrasib
- DL2: 250 mg vopimetostat + 600 mg zoldonrasib
- DL3: 250 mg vopimetostat + 1200 mg zoldonrasib
- DL4: 200 mg vopimetostat + 1200 mg zoldonrasib

| N=27                                                                                                                                       |     |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| ORR                                                                                                                                        | 52% |
| DCR                                                                                                                                        | 96% |
| <ul style="list-style-type: none"> <li>10 cPR</li> <li>4 uPR pending confirmation</li> <li>74% 6-month PFS rate (95% CI: 49-88)</li> </ul> |     |

Data extract 28 May 2026. Dashed line indicates threshold for PR (-30%). Objective response rate (ORR) is reported in patients who received their first dose at least 14 weeks prior to the data extract to allow for 2 potential post-baseline scans. ORR includes patients with PR or CR that has been confirmed (n=10) or is pending confirmation (n=4). Median follow-up 5.6 months (3.3-11.1). DCR, disease control rate, defined as fraction of patients with overall response of stable disease or better at the time of the first scheduled on-treatment evaluation (6 weeks). TRAE, treatment-related adverse event. DLT, dose-limiting toxicity. SAE, serious adverse event, CI, confidence interval.

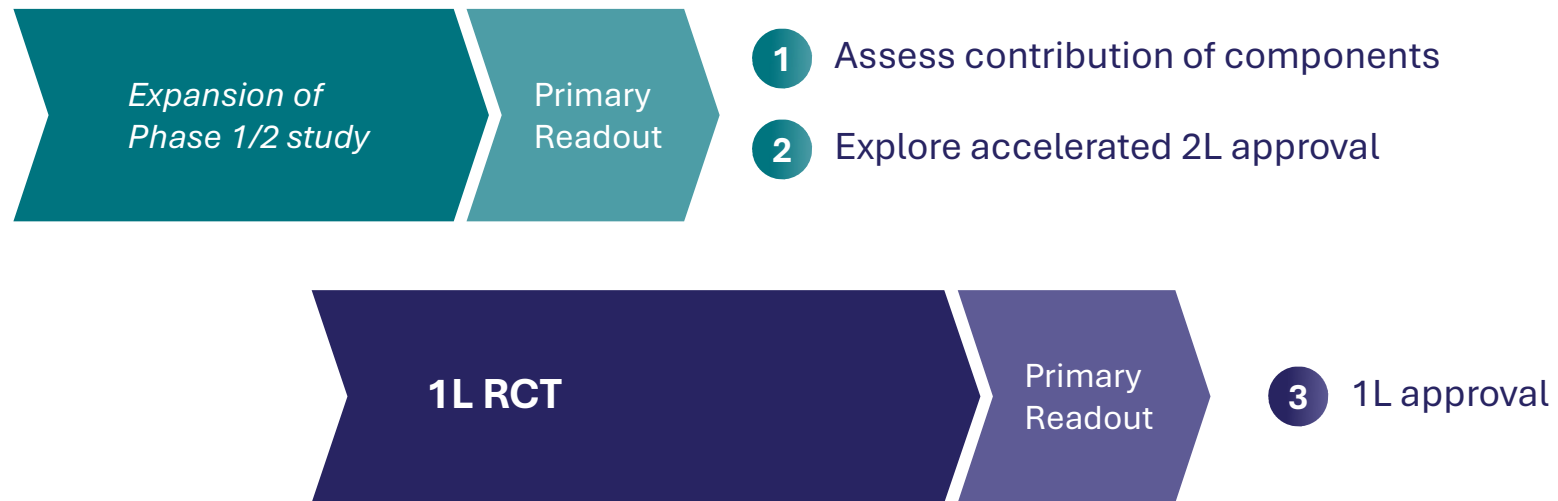
# Combined ORR 64% in 2/3L PDAC demonstrates clinical synergy of vopimetostat + RAS(ON) inhibition



Data extract 28 May 2026. Dashed line indicates threshold for PR. Objective response rate (ORR) is reported in PDAC patients who received their first dose of the study drug combination at least 14 weeks prior to the data extract to allow for 2 potential post-baseline scans. Median follow-up 6.3 months (3.3 - 11.1). DCR, disease control rate, defined as fraction of patients with overall response of stable disease or better at the time of the first scheduled on-treatment evaluation (6 weeks). PDAC, pancreatic ductal adenocarcinoma.

# Tango's strategy to potentially develop vopimetostat + daraxonrasib combination for patients with pancreatic cancer

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Initiated dialogue with global regulatory authorities and Revolution Medicines on registration strategy

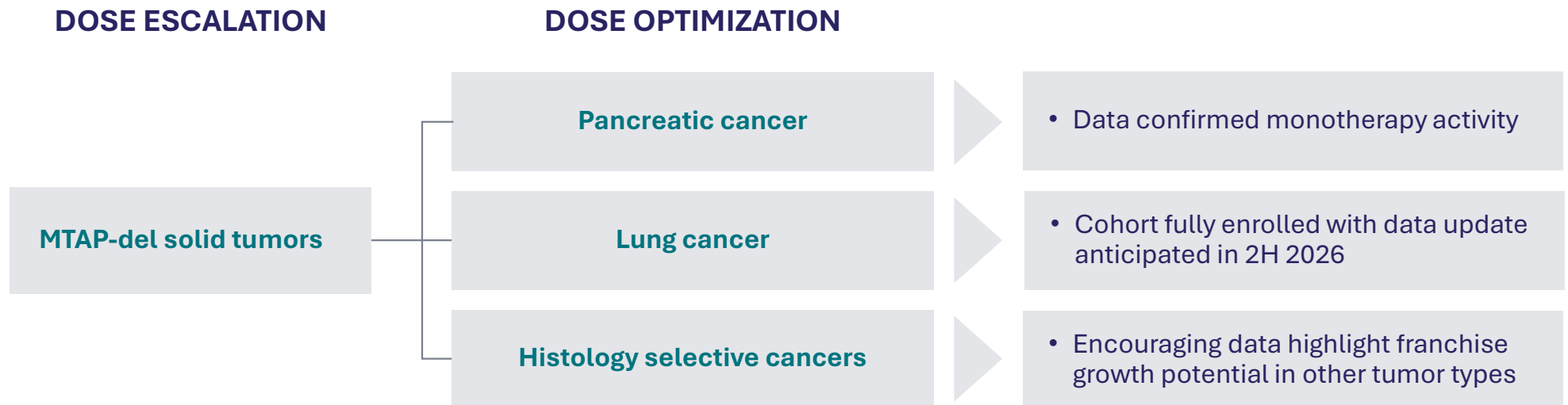
Subject to regulatory feedback. 1L, first line; 2L, second line; RCT, randomized controlled trial.

## Vopimetostat monotherapy

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# Vopimetostat monotherapy phase 1/2 study

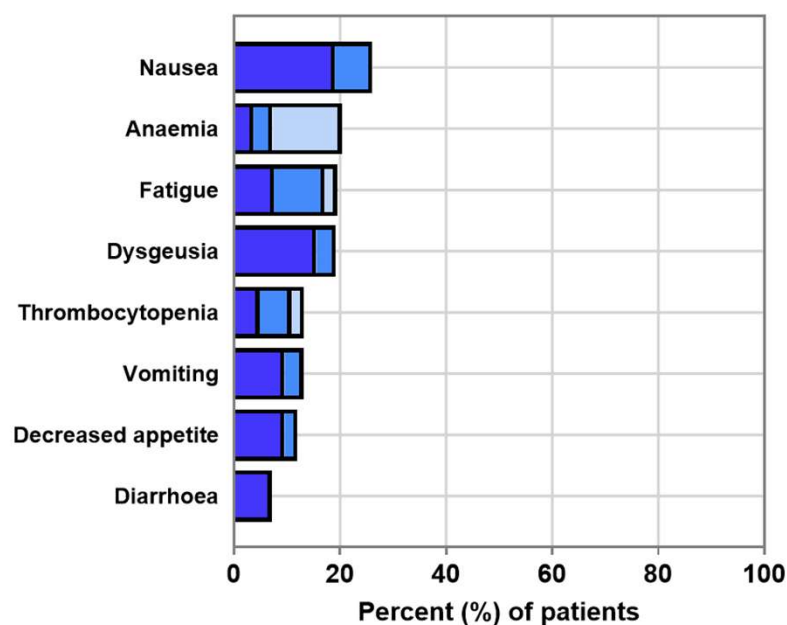
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All pancreatic cancers are adenocarcinomas. All lung cancers are non-small cell histology.  
Data extract 1 Sept 2025

# Vopimetostat monotherapy 250 mg QD showed best-in-class safety potential

## Related AEs in ≥5% pts (n=84)



## Key points

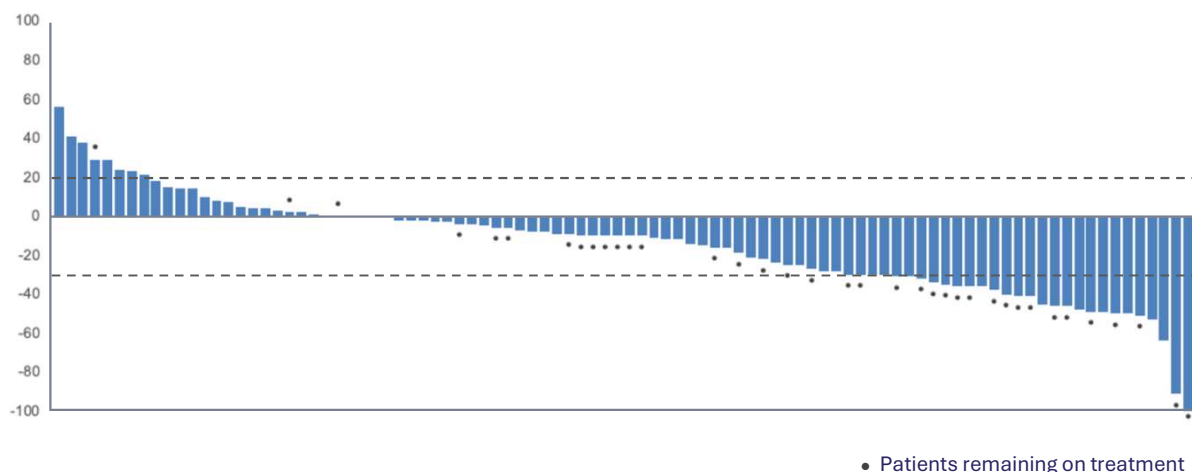
- Median follow-up 6.1 months
- 8% dose reduction
- 0% discontinuation for related events\*
- No grade 4-5 related events
- Low grade GI side effects

Vopimetostat AE profile suggests good tolerability in combination with chemo- and targeted therapies

Data extract 1 Sept 2025.  
No discontinuations in patients treated at 250mg QD

# Vopimetostat demonstrates clear monotherapy activity across histologies

Active doses >6 mo follow-up  
n=94



## Key points

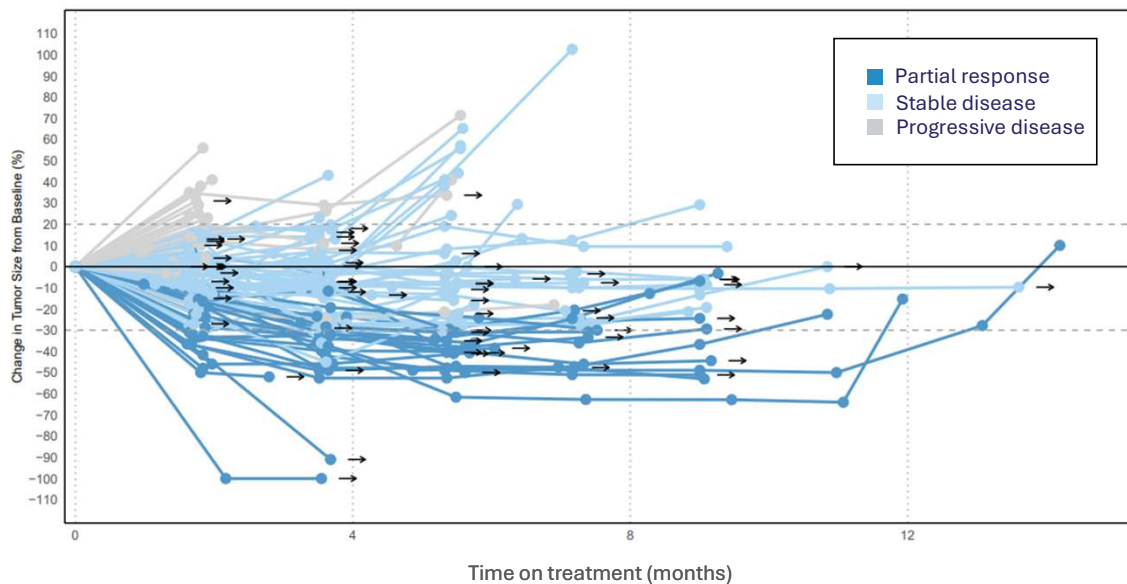
- ORR 27% in 16 different histologies
- mPFS 6.4 months
- DCR 78%
- 37/94 patients ongoing
- Median follow-up 9.4 months
- Good tolerability with no discontinuations for drug related events at 250 mg QD

Data extract 1 Sept 2025.

Includes all tumor evaluable patients receiving 200 mg QD dose or higher more than 6 months prior to the data cutoff, including those remaining on study, progressed or withdrew. ORR/DCR in tumor evaluable patients, BOR rounded to the nearest whole number. Tumor evaluable is defined as MTAP-del patients with at least one scan. ORR defined as confirmed RECIST PR or unconfirmed PR with pending confirmation scan. A lung cancer patient who died of COVID before confirmation scan is included in ORR. Active doses are defined as 200 mg QD and above.

# Durable disease control with vopimetostat across cancer types

## All tumor evaluable patients at active doses (n=131)



## Key points

- Overall mPFS 6.4 months
  - PR pts 11.1 months
  - SD pts 7.3 months
  - PD pts <2 months
- Median time to response 3.5 months

Data extract 1 Sept 2025.  
mPFS calculation includes all patients (n=143); spider plot represents only tumor-evaluable subset of patients (n=131).

# Vopimetostat lung cancer cohort

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## 41 lung cancer patients at active doses

### One or more prior therapy for advanced disease

- n=41 patients
- 12/41 pts more than 6 months since enrollment
- Median follow-up 4.7 months

### Enrollment by starting dose (QD)

- 200 mg n=13\*
- 250 mg n=26
- 300 mg n=2

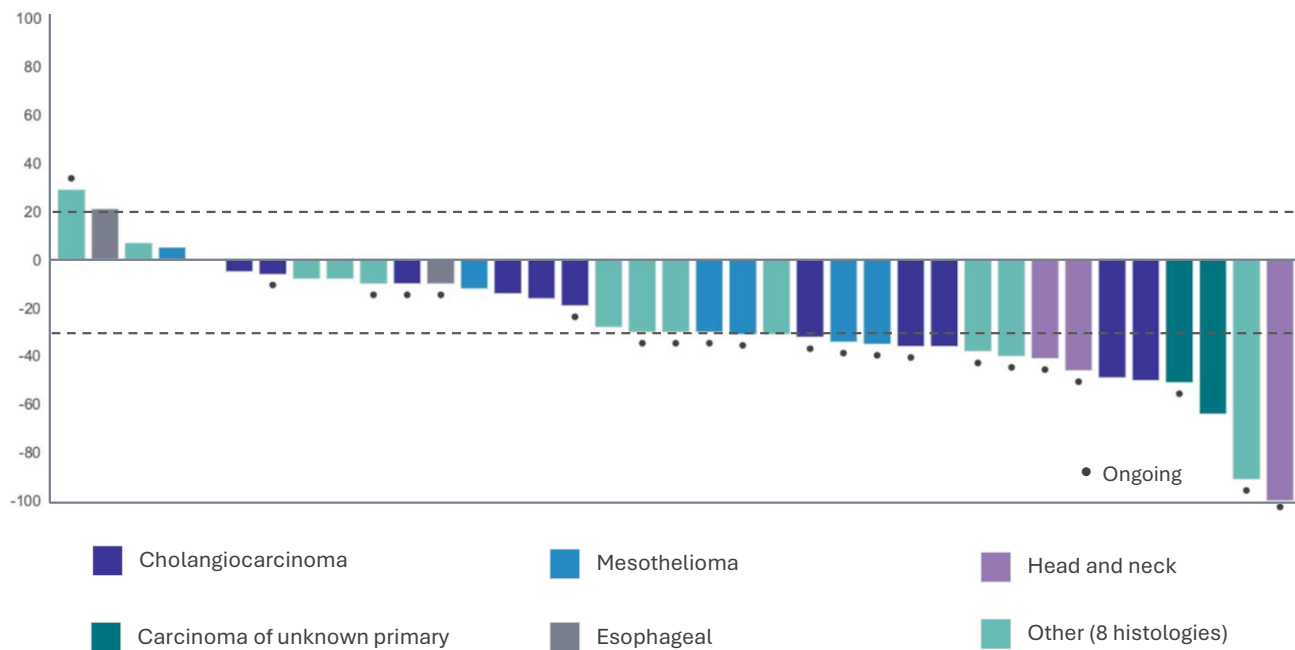
Fully enrolled, emerging data consistent with expectations  
Update planned in 2H 2026

Data extract 1 Sept 2025

\*Includes two patients enrolled at 160 mg QD

# Vopimetostat 49% ORR in histology selective cohort

## Tumor evaluable pts at active doses with >6 months follow-up (n=37)



## Key points

- ORR 49%
- mPFS 9.1 months
- DCR 89%
- 21/37 patients ongoing
- Median follow-up 9.5 months
- Excludes sarcoma, pancreatic and lung cancer

Data extract 1 Sept 2025.  
ORR in tumor evaluable patients, BOR rounded to the nearest whole number.

# TNG456

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PRMT5 inhibition in MTAP-deleted cancers

# TNG456 is a next-generation CNS-penetrant PRMT5 inhibitor

## Preclinical brain penetrance provides potential to address high unmet need in glioblastoma

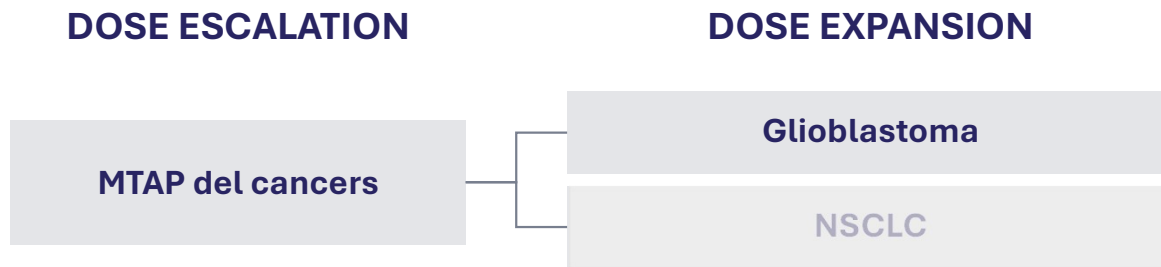
- Predicted brain exposure well above efficacy threshold
- In development for MTAP-del glioblastoma (7,000 patients/yr US)<sup>1</sup>
- Limited treatment options available for patients with glioblastoma
- There is a high unmet medical need in glioblastoma as patients have a 5 year survival rate of 5-7%<sup>2</sup>

|               | Potency      | MTAP selectivity | Predicted CNS exposure |
|---------------|--------------|------------------|------------------------|
| <b>TNG456</b> | <b>20 nM</b> | <b>55X</b>       | <b>0.5-1X plasma</b>   |
| Vopimetostat  | 4 nM         | 45X              | -                      |

1. SEER/CBTRUS

# TNG456 phase 1/2 clinical study in MTAP-del solid tumors

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Data anticipated 2H 2026

## Summary

- Dose escalation ongoing
- TNG456 exposure in brain predicted to be in efficacious range at achievable doses based on preclinical models
- Abemaciclib combination to start with evidence of single agent activity in GBM
- FDA Fast Track designation
- FDA Orphan Drug Designation for glioblastoma

## Upcoming milestones and financial highlights

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# Disciplined capital allocation focused on most promising, value-creating opportunities

## Clear path forward

Rapidly advance 1L PDAC vopimetostat + daraxonrasib chemo-free combination

Accelerate PRMT5 assets to near-term value-inflecting milestones with capital efficiency

Optimize robust monotherapy and combination PRMT5 franchise across multiple indications

## Multiple inflection points anticipated by end of 2026

- ☐ Finalize design of Phase 3 randomized-controlled trial of the combination approach in front-line pancreatic cancer in 2H 2026
- ☐ Present 2/3L PDAC vopimetostat + RAS(ON) inhibitors combination data to ESMO 2026
- ☐ Disclose vopimetostat lung cancer monothx data 2H 2026
- ☐ Release initial TNG456 glioblastoma data 2H 2026
- ☐ Initiate Phase 1/2 vopimetostat + ERAS-0015 combination study 2H 2026

**\$1.0B cash and investments as of June 30, 2026**

**Cash runway expected to support all PDAC late-stage development and ongoing work**

