UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): June 8, 2026

TANGO THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-39485**	**85-1195036**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

201 Brookline Ave., Suite 901 **Boston, MA**	**02215**
(Address of principal executive offices)	**(Zip code)**

Registrant's telephone number, including area code: 857-320-4900

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.001 per share	TNGX	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On June 8, 2026, Tango Therapeutics, Inc. (the "Company" or "Tango") issued a press release announcing the initial safety and efficacy data from the Company's Phase 1/2 combination trial evaluating vopimetostat in combination with RAS(ON) inhibitors from Revolution Medicines, Inc.

A copy of the full press release is attached as Exhibit 99.1 to this Current Report on Form 8-K. A copy of the presentation relating to the Phase 1/2 data is attached as Exhibit 99.2 to this Current Report on Form 8-K.

The information in this Item 7.01 and Exhibits 99.1 and 99.2 of this Current Report on Form 8-K are furnished and shall not be deemed to be "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. The information in this Item 7.01 and Exhibits 99.1 and 99.2 of this Current Report on Form 8-K shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date of this Current Report on Form 8-K, regardless of any general incorporation language in any such filing.

Item 8.01 Other Events.

On June 8, 2026, the Company disclosed initial safety and efficacy data from its Phase 1/2 combination trial evaluating vopimetostat in combination with RAS(ON) inhibitors from Revolution Medicines, Inc. in patients with MTAP-deleted and RAS-mutant metastatic pancreatic ductal adenocarcinoma ("PDAC").

As of the cutoff date of May 28, 2026, 59 patients with previously treated MTAP-deleted and RAS-mutant PDAC or non-small cell lung cancer ("NSCLC"), were treated with a vopimetostat-based combination with either daraxonrasib (n=20 PDAC; n=5 NSCLC) or zoldonrasib (n=34 PDAC). All patients had advanced disease, including 70% with liver metastases in the daraxonrasib PDAC arm and 77% with liver metastases in the zoldonrasib arm, and were generally heavily pre-treated, with more than half receiving the combinations as third-line treatment.

In the vopimetostat plus daraxonrasib dose escalation arm, patients received either vopimetostat 200 mg or 250 mg once daily ("QD") plus daraxonrasib 100 mg QD. As of the data cutoff date of May 28, 2026, 12 patients with PDAC and three patients with NSCLC were response-evaluable with at least 14 weeks of follow up. In PDAC patients, the Company observed an objective response rate ("ORR") of 92% (11 of 12 patients, with nine of 11 responses confirmed as of the data cutoff date). In PDAC patients, the Company observed a 90% six-month progression free survival rate and 100% disease control rate ("DCR"). In NSCLC patients, the Company observed an ORR of 100%, with three of three responses (all responses confirmed).

The vopimetostat plus daraxonrasib combination was generally well tolerated across dose levels. Most adverse events were grade one or two in severity, and grade three adverse events were observed and included thrombocytopenia, acneiform rash, stomatitis/mucositis and fatigue. There were no related grade four or five adverse events. There were no dose-limiting toxicities ("DLTs") at the vopimetostat 200mg/ daraxonrasib 100 mg dose level, and three DLTs in two patients at the voimetostat 250mg/daraxonrasib 100 mg dose level. There were no discontinuations due to adverse events.

Based on these data, the Company intends to advance this combination approach into Phase 3 development for patients with MTAP-deleted pancreatic cancer. Subject to feedback from regulatory authorities, the Company plans to initiate a Phase 3 randomized-controlled trial in front-line pancreatic cancer and evaluate opportunities to advance the second line combination towards registration phase.

On June 8, 2026, the Company also reported initial data from the vopimetostat plus zoldonrasib dose escalation arm in PDAC patients. Patients received vopimetostat 200 mg or 250 mg QD plus zoldonrasib 600 mg or 1200 mg QD. As of the data cutoff date of May 28, 2026, 27 patients were response evaluable with at least 14 weeks of follow-up. The Company observed an ORR of 52%, a 74% six-month progression free survival rate, and 96% DCR in these patients. The vopimetostat plus zoldonrasib combinaton was generally well tolerated across dose levels. Most adverse events were grade one or two in severity, and there were no related grade four or five adverse events or DLTs. There were no discontinuations due to adverse events.

Forward-Looking Statements

This Current Report on Form 8-K and certain materials furnished or filed herewith contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, without limitation, implied and express statements regarding: the Company's future plans or expectations for vopimetostat in combination with RAS(ON) inhibitors, including the anticipated or potential effects of vopimetostat in combination with RAS(ON) inhibitors, as well as the safety and tolerability of vopimetostat in combination with RAS(ON) inhibitors; and the Company's plans and timing with respect to current and future studies and strategies.

Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. Risks that contribute to the uncertain nature of the forward-looking statements include: the benefits of product candidates seen in preclinical tests and analyses may not be evident when tested in later preclinical studies or in clinical trials or when used in broader patient populations (if approved for commercial sale); updated clinical trial results or additional safety and efficacy data and the establishment of proof-of-mechanism and proof-of-concept) in the anticipated timeframe (or at all); future clinical trial data releases may differ materially from initial or interim data from our current and future clinical trials; regulatory developments in the United States and foreign countries; the Company's ability to fund operations. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause the Company's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in the Company's annual report on Form 10-K filed, with the United States Securities and Exchange Commission ("SEC") and quarterly reports on Form 10-Q filed with the SEC, as well as discussions of potential risks, uncertainties, and other important factors in the Company's other filings with the SEC. All forward-looking statements contained in this 8-K speak only as of the date on which they were made. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press Release of Tango Therapeutics, Inc., dated June 8, 2026
99.2	Presentation of Tango Therapeutics, Inc.
104	Cover Page Interactive Data File (embedded within Inline XBRL document)

Signature

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

TANGO THERAPEUTICS, INC.

Dated: June 8, 2026

By: /s/ Matthew Gall
Name: Matthew Gall
Title: Chief Financial Officer

Tango Therapeutics Announces Combination of Vopimetostat and Daraxonrasib Demonstrated 92% Objective Response Rate in Pancreatic Cancer

Initial data from ongoing Phase 1/2 trial in patients with second and third line PDAC treated with vopimetostat and daraxonrasib showed 6-month PFS rate of 90% (median PFS not yet reached) suggesting durability of clinical benefit

Vopimetostat combinations with Revolution Medicines' RAS(ON) inhibitors daraxonrasib or zoldonrasib were generally well-tolerated

Data support rapid advancement of vopimetostat plus daraxonrasib combination into Phase 3 development in first-line MTAP deleted pancreatic cancer

Conference call today, June 8, 2026, at 8:00am ET

BOSTON, June 8, 2026 (GLOBE NEWSWIRE) — Tango Therapeutics, Inc. (NASDAQ: TNGX), a clinical-stage biotechnology company committed to discovering and delivering the next generation of precision cancer medicines, today announced positive initial data from its ongoing Phase 1/2 study of vopimetostat, an investigational PRMT5 inhibitor with first- and best-in-class potential, in combination with Revolution Medicines' RAS(ON) inhibitors in patients with MTAP-deleted and RAS-mutant metastatic pancreatic ductal adenocarcinoma (PDAC).

"In the first reported data from the clinical combinations of our PRMT5 inhibitor vopimetostat and RAS(ON) inhibitors, we saw extremely encouraging early results, with 92% of patients with PDAC in the vopimetostat plus daraxonrasib arm achieving an objective response, supporting the preclinical data showing synergistic activity of PRMT5 + RAS inhibition," said Malte Peters, MD, Chief Executive Officer of Tango Therapeutics. "Equally important, we are seeing encouraging signals of durability, with 90% of PDAC patients still progression free at 6 months of follow up. In addition, both combinations were generally well tolerated. Our primary focus is now to bring forward the PRMT5 plus RAS inhibitor combination approach in pancreatic cancer, while also looking toward important upcoming data readouts for vopimetostat single agent in lung cancer and TNG456 in GBM which we believe represents significant long-term opportunity for our company."

Dr. Peters continued, "These compelling results reinforce our belief that a vopimetostat-based combination with RAS inhibitors may be a path to a chemotherapy-free option for patients with MTAP-deleted pancreatic cancer. Given these data, we intend to prioritize advancement of the vopimetostat plus daraxonrasib combination into Phase 3 development in first-line, MTAP- deleted pancreatic cancer."

"Pancreatic cancer remains a largely intractable disease and an area where patients desperately need new therapies," said Brian Wolpin, MD, Director of the Hale Family Center for Pancreatic Cancer Research, Dana-Farber Cancer Institute. "In the front-line setting, chemotherapy has long been the standard of care, yet it presents significant tolerability challenges and overall limited efficacy against this aggressive disease. Building on the monotherapy activity already shown by these investigational PRMT5 and RAS(ON) targeted therapies, these early combination data demonstrated the potential to meaningfully reshape how we treat this disease with a precision-guided, chemotherapy-free approach."

Topline Phase 1/2 Clinical Data Highlights

As of a data cutoff date of May 28, 2026, 59 patients with previously treated MTAP-deleted and RAS-mutant pancreatic ductal adenocarcinoma (PDAC) or non-small cell lung cancer (NSCLC) were treated with a vopimetostat-based combination with either daraxonrasib (n=20 PDAC; n=5 NSCLC) or zoldonrasib (n=34 PDAC). All patients had advanced disease, including 70% with liver metastases in the daraxonrasib PDAC arm and 77% with liver metastases in the zoldonrasib arm, and were generally heavily pre-treated, with more than half receiving the combinations as third-line treatment.

Vopimetostat plus daraxonrasib combination

In the vopimetostat plus daraxonrasib dose escalation arm, patients received either vopimetostat 200 mg or 250 mg once daily (QD) plus daraxonrasib 100 mg QD. As of the data cutoff, 12 patients with PDAC and 3 patients with NSCLC were response evaluable with at least 14 weeks of follow up.

Data highlights include:

- PDAC:
  - 92% objective response rate (ORR) (11/12; 9 of 11 responses confirmed)
  - 90% 6-month PFS rate
  - 100% disease control rate (DCR)
- NSCLC: 100% ORR, 3 of 3 responses confirmed
- The vopimetostat + daraxonrasib was generally well tolerated across all dose levels with no new safety signals observed
- Most adverse events were Grade 1 or 2 in severity. The most common treatment-related adverse events (TRAEs) were rash, stomatitis/mucositis and diarrhea.
- There were no related Grade 4 or 5 adverse events
- There were no dose-limiting toxicities (DLTs) at dose level 1 (vopimetostat 200 mg/daraxonrasib 100 mg). Three DLTs were reported in two patients at dose level 2 (vopimetostat 250 mg/daraxonrasib 100 mg), including one case of Grade 3 rash and one case of Grade 3 stomatitis and fatigue.
- There were two dose reductions at dose level 1 and one dose reduction at dose level 2
- There were no discontinuations due to adverse events

Development strategy:

Based on these data, Tango intends to rapidly advance this combination approach into Phase 3 development for patients with MTAP-deleted pancreatic cancer. Subject to feedback from regulatory authorities, the Company plans to initiate a Phase 3 randomized-controlled trial in front-line pancreatic cancer and evaluate opportunities to advance the second line combination towards registration phase.

Vopimetostat plus zoldonrasib combination (PDAC with MTAP deletion and KRAS G12D mutation)

In the vopimetostat plus zoldonrasib dose escalation arm, patients with PDAC received vopimetostat 200 mg or 250 mg QD plus zoldonrasib 600 mg or 1200 mg QD. As of the data cutoff date of May 28, 2026, 27 patients were response evaluable with at least 14 weeks of follow-up.

Data highlights include:

- 52% ORR (14/27; 10 of 14 responses confirmed)
- 74% 6-month PFS rate
- 96% DCR
- The vopimetostat plus zoldonrasib combination was generally well tolerated at all dose levels with no new safety signals observed
- Most adverse events were Grade 1 or 2. The most common TRAEs were nausea and vomiting.

- There were no related Grade 4 or 5 adverse events
- There were no DLTs
- There was one dose reduction
- There were no discontinuations due to adverse events

Upcoming Anticipated Milestones

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

Investor Webcast and Conference Call Information

The Company will host a conference call to discuss these data at 8:00 a.m. ET today, June 8, 2026. The live webcast can be accessed under “Events & Presentations” in the Investors section of the company’s website at www.tangotx.com. The webcast will be available for replay for at least 30 days on the company website. Analysts who wish to join the teleconference and participate in Q&A should register here.

About Vopimetostat

Vopimetostat is a potentially best-in-class oral, once-daily, MTA-cooperative PRMT5 inhibitor that works selectively in cancer cells with MTAP (methylthioadenosine phosphorylase) deletion. MTAP deletions occur in 10-15% of all human cancers, including approximately 40% of pancreatic cancer and 15% of lung cancer. Vopimetostat is being evaluated as monotherapy and in combination clinical studies. In ongoing clinical studies, vopimetostat has demonstrated a favorable safety and tolerability profile to date and shown durable activity in multiple tumor types.

About Tango Therapeutics

Tango Therapeutics is a clinical-stage biotechnology company dedicated to discovering novel drug targets and delivering the next generation of precision medicine for the treatment of cancer. Using an approach that starts and ends with patients, Tango leverages the genetic principle of synthetic lethality to discover and develop therapies that take aim at critical targets in cancer. For more information, please visit www.tangotx.com.

Forward-Looking Statements

Certain statements in this press release may be considered forward-looking statements. All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including all statements regarding the intent, belief, or current expectation of Tango and members of the Tango senior management team. Forward-looking statements are not purely historical and may be accompanied by words such as "may", "should", "expect", "intend", "plan", "will", "goal", "estimate", "anticipate", "believe", "predict", "designed," "potential" or "continue", or the negatives of these terms or variations of them or similar terminology. For example, implicit or explicit statements concerning the following include or constitute forward-looking statements. Statements regarding: (i) the potential anticipated benefits, tolerability, efficacy and therapeutic profile of the Company's PRMT5 inhibitors, as both standalone treatments and in combination with RAS(ON)-inhibitors; (ii) the potential of vopimetostat to be a best-in-class PRMT5 inhibitor for the treatment of MTAP-del pancreatic and lung cancers; (iii) the Company's development strategies and plans for vopimetostat, including ongoing and planned combination studies and potential advancement into Phase 3 development; (iv) the expected timing, design, conduct and results of current and future clinical trials, including clinical trial initiation, enrollment; and data disclosure; (v) the potential anticipated benefits, tolerability, efficacy and therapeutic profile of the Company's PRMT5 inhibitors, as both standalone treatments and in combination with RAS(ON)-inhibitors; (vi) the Company's beliefs regarding the strength of the Phase 1/2 study data and the possibility that such data may not be replicated in future studies. Such forward-looking statements are subject to risks, uncertainties, and other factors which could cause actual results to differ materially from those expressed or implied by such forward-looking statements. These forward-looking statements are based upon estimates and assumptions that, while considered reasonable by Tango and its management, are inherently uncertain. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Factors that may cause actual results to differ materially from current expectations include, but are not limited to: the benefits of product candidates seen in preclinical tests and analyses may not be evident when tested in later preclinical studies or in clinical trials or when used in broader patient populations (if approved for commercial sale); Tango has limited experience conducting clinical trials (and does and will continue to rely on a third party to operate its clinical trials) and may not be able to commence or progress its clinical trials when expected, may not be able to continue dosing, initiate dose escalation and/or dose expansion on anticipated timelines, and may not generate or report clinical trial results (including final, initial, interim, updated clinical trial results or additional safety and efficacy data and the establishment of proof-of-mechanism and proof-of-concept) in the anticipated timeframe (or at all); future clinical trial data releases may differ materially from initial or interim data from our current and future clinical trials; Tango's pipeline products may not be safe and/or effective in humans; Tango will need to raise capital in the future and if it is unable to raise capital when needed or on attractive terms, it would be forced to delay, scale back or discontinue some of its development programs or future commercialization efforts (which may delay filing of INDs, dosing patients, initiation of dose expansion, reporting clinical trial results and filing new drug applications); the expected benefits of Tango's product candidates in patients as single agents and/or in combination may not be realized; Tango may experience delays or difficulties in the initiation, enrollment, or dosing of patients in clinical trials or the announcement of clinical trial results; Tango's product candidates may cause adverse or other undesirable side effects (or may not show requisite efficacy) that could, among other things, delay or prevent regulatory approval; Tango's dependence on one or a limited number third parties for conducting clinical trials and supplying and producing drug substance and drug product (including drug substance, which is currently sole sourced); government regulation may negatively impact Tango's business, including the potential approval of the BIOSECURE Act; the impact of trade restrictions such as sanctions or tariffs, legal actions or enforcement and inflation rates on Tango's business, financial condition, and results of operations; inadequate funding for or disruptions at the U.S. Food and Drug Administration or other government agencies may slow the time necessary for new drugs to be reviewed and/or approved or prevent these agencies from performing business functions on which the operation of our business may rely (which could negatively impact its business). Additional information concerning risks, uncertainties and assumptions can be found in Tango's filings with the Securities and Exchange Commission (SEC), including the risk factors referenced in Tango's Annual Report on Form 10-K for the fiscal year ended December 31, 2025, as supplemented and/or modified by its most recent Quarterly Report on Form 10-Q. You should not place undue reliance on forward-looking statements in this press release, which speak only as of the date they are made and are qualified in their entirety by reference to the cautionary statements herein. Tango specifically disclaims any duty to update these forward-looking statements.

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Vopimetostat and RAS(ON) combination data

June 8, 2026

TANGO therapeutics

Disclaimer and safe harbor statement

Certain statements in this presentation may be considered forward-looking statements. All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including all statements regarding the intent, belief, or current expectation of Tango and members of the Tango senior management team. Forward-looking statements are not purely historical and may be accompanied by terminology such as "may", "should", "expect", "intend", "will", "plan", "path", "achievable", "milestones", "goal", "forecast", "estimate", "potential", "anticipate", "believe", "predict", or "continue", or the negatives of these terms or variations of them or similar terminology. For example, express or implied statements concerning the following include or constitute forward-looking statements: the potential anticipated benefits, tolerability, efficacy and therapeutic profile of Tango's PRMT5 inhibitors, as both standalone treatments and in combination with RAS(ON)-inhibitors; Tango's belief that it has a competitive advantage; Tango's regulatory plans and expectations, including its expectation that the combination of vopimetostat and RAS inhibitors could support a pivotal study in first line pancreatic cancer and an innovative and fast path to first line approvals and accelerated second line approval; Tango's expected cash runway; Tango's plans for future trials, including combination trials, and the design, initiation and the release of clinical data, and timing related thereto, for vopimetostat and TNG456, including with RAS(ON) inhibitors for vopimetostat; the expected benefits of the Company's development candidates and other product candidates (including for combination studies); the Company's expectations around the size and value of the potential patient population for PRMT5 inhibitors (including for lung and pancreatic cancers); potential combination strategies and uses for PRMT5 inhibitors, including vopimetostat and TNG456; and the development and regulatory plans for the PRMT5 franchise. Such forward-looking statements are subject to risks, uncertainties, and other factors which could cause actual results to differ materially from those expressed or implied by such forward looking statements. These forward-looking statements are based upon estimates and assumptions that, while considered reasonable by Tango and its management at the time of this presentation, are inherently uncertain. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Factors that may cause actual results to differ materially from current expectations include, but are not limited to: the benefits of product candidates seen in preclinical tests and analyses may not be evident when tested in later preclinical studies or in clinical trials or when used in broader patient populations (if approved for commercial sale); future clinical trial data releases may differ materially from initial or interim data from our current and future clinical trials; Tango has limited experience with conducting clinical trials (and does and will rely on third parties to operate its clinical trials) and may not be able to commence or progress its clinical trials when expected, may not be able to continue dosing, initiate dose escalation and/or dose expansion on anticipated timelines, and may not generate or report clinical trial results (including final, initial, interim, updated clinical trial results or additional safety and efficacy data and the establishment of proof-of-mechanism and proof-of-concept) in the anticipated timeframe (or at all); Tango's pipeline products may not be safe and/or effective in humans; Tango may utilize cash resources more quickly than anticipated; Tango will need to raise capital in the future and if it is unable to raise capital when needed or on attractive terms, Tango would be forced to delay, reduce, or eliminate or discontinue some development programs or future commercialization efforts (which may delay filing of INDs, dosing patients, initiation of dose expansion, reporting clinical trial results and filing new drug applications); the expected benefits of Tango's product candidates in patients as single agents and/or in combination may not be realized; Tango may experience delays or difficulties in the initiation, enrollment, or dosing of patients in clinical trials or the announcement of initial, interim, or final clinical trial results; Tango's product candidates may cause adverse or other undesirable side effects (or may not show requisite efficacy) that could, among other things, delay or prevent regulatory approval; Tango's dependence on or a limited number third parties for conducting clinical trials and supplying and producing drug substance and drug product (including drug substance, which is currently sole sourced); government regulation may negatively impact Tango's business, including the potential approval of the BIOSECURE Act; the impact of trade restrictions such as sanctions, tariffs, reciprocal and retaliatory tariffs, legal actions or enforcement and inflation rates on our business, financial condition, and results of operations; inadequate funding for or disruptions at the U.S. Food and Drug Administration or other government agencies may slow the time necessary for new drugs to be reviewed and/or approved or prevent these agencies from performing business functions on which the operation of our business may rely (which could negatively impact our business). Additional information concerning risks, uncertainties and assumptions can be found in Tango's filings with the SEC, including the risk factors referenced in Tango's Annual Report on Form 10-K for the year ended December 31, 2025, as may be supplemented and/or modified by its most recent Quarterly Report on Form 10-Q. You should not place undue reliance on forward-looking statements in this presentation, which speak only as of the date they are made and are qualified in their entirety by reference to the cautionary statements herein. Tango specifically disclaims any duty to update these forward-looking statements. Certain information contained in this Presentation relates to or is based on studies, publications, surveys and Tango's own internal estimates and research. In addition, market data included in this presentation involve assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumption. Finally, while Tango believe its internal research is reliable, such research has not been verified by any independent source.

TANGO therapeutics

Agenda for today

Leader in PRMT5 targeted therapy for cancer
Malte Peters, MD | President and Chief Executive Officer

Vopimetostat + RAS(ON) combination data show transformative potential in pancreatic cancer
Brian Wolpin, MD | Dana-Farber Cancer Institute & Harvard Medical School

Strategy to accelerate registration-directed development of vopimetostat
Adam Crystal, MD PhD | President of Research and Development

Capital allocation plan and financial highlights
Matthew Gall | Chief Financial Officer

Closing remarks
Malte Peters, MD | President and Chief Executive Officer

Q&A
All


Malte Peters, MD


Brian Wolpin, MD


Adam Crystal, MD PhD


Matthew Gall

TANGO therapeutics

Leader in PRMT5 targeted therapy for cancer

Malte Peters, MD, President and Chief Executive Officer

At the forefront of transformative shift in pancreatic cancer treatment

Scientific leader
in PRMT5 inhibition

Transformative
92% ORR in 2/3L PDAC
in combination with daraxonrasib

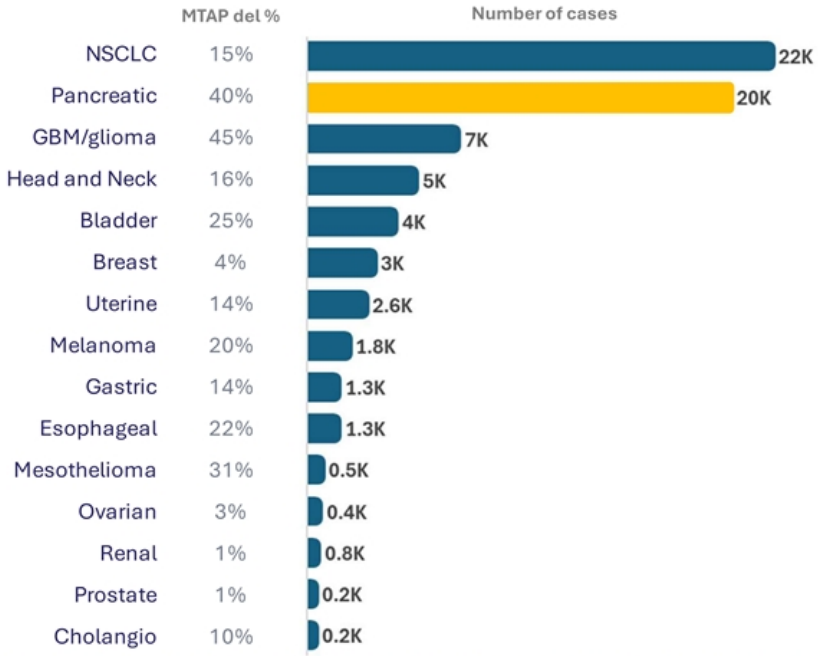
Clear strategy
for front line development with chemotherapy free regimen

Near-term **focus on potential blockbuster PDAC opportunity**
Pipeline supporting data-driven **indication expansion** to drive long-term growth

TANGO therapeutics

PDAC, pancreatic ductal adenocarcinoma; 2/3L, second/third line.
Data from ongoing Phase 1/2 clinical trial. Data as of 28 May 2026.

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



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.

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

TANGO therapeutics

Brian Wolpin is a leader in the study and treatment of pancreatic cancer

- Professor of Medicine, Harvard Medical School
- Robert T. & Judith B. Hale Chair in Pancreatic Cancer, Dana-Farber Cancer Institute
- Director, Hale Family Center for Pancreatic Cancer Research and Gastrointestinal Cancer Center, Dana-Farber Cancer Institute
- Director, Dana-Farber – Lustgarten Foundation Dedicated Laboratory for Pancreatic Cancer Research
- Medical oncologist with clinical specialty in pancreatic cancer
- Research laboratory dedicated to the investigation of pancreatic ductal adenocarcinoma (PDAC) biology and treatment

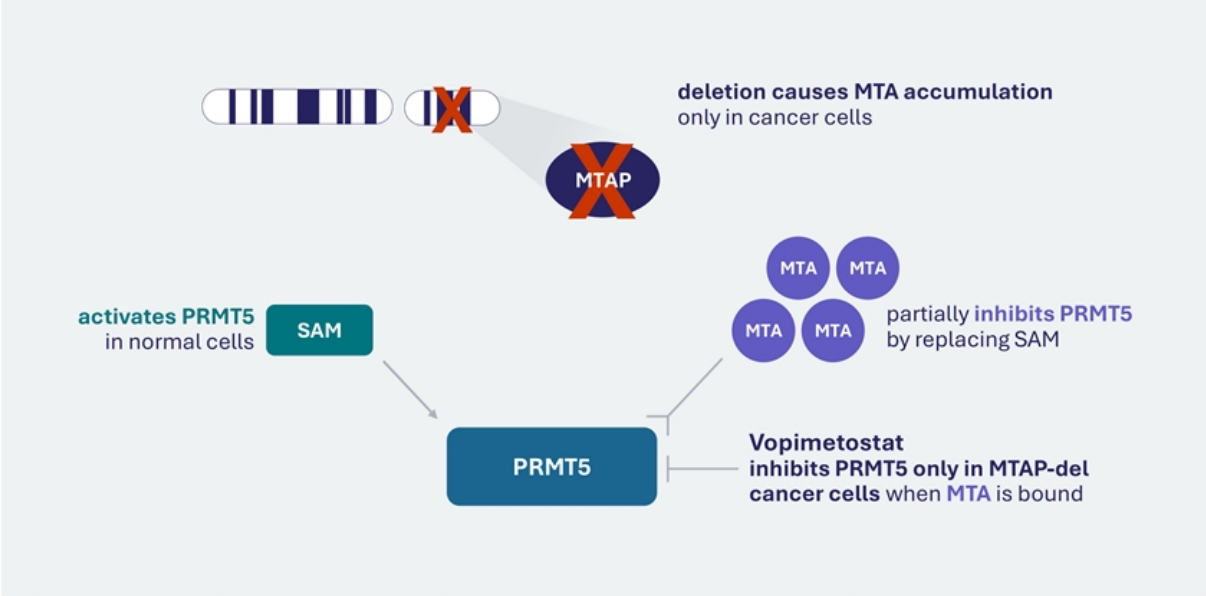
Vopimetostat + RAS(ON) combination data show transformative potential in pancreatic cancer

Dr. Brian Wolpin, MD, MPH
Dana-Farber Cancer Institute & Harvard Medical School

Evolution of standard of care for pancreatic cancer

1. Wolpin et al. ASCO, 2026.

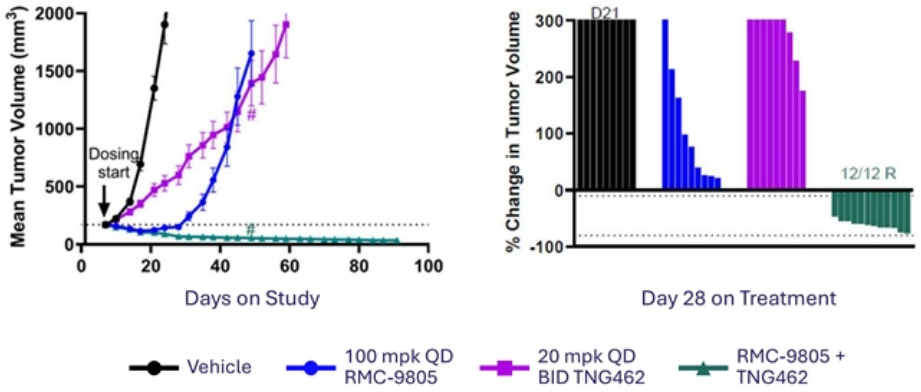
Vopimetostat selectively inhibits the cell essential gene PRMT5 in MTAP deleted cancer cells



PRMT5 + RAS inhibition demonstrated preclinical synergy

In vivo model demonstrated striking combination efficacy

MTAP-null, KRAS^{G12D} PDAC CDX (KP4)



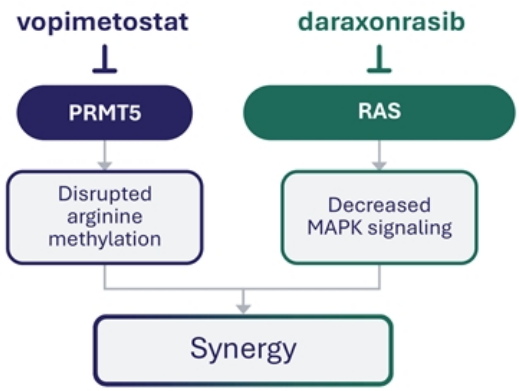
Key points

- KRAS inhibition + PRMT5 inhibition is synergistic in multiple preclinical models[1]
- Clinical data to date support synergy of combination in patients

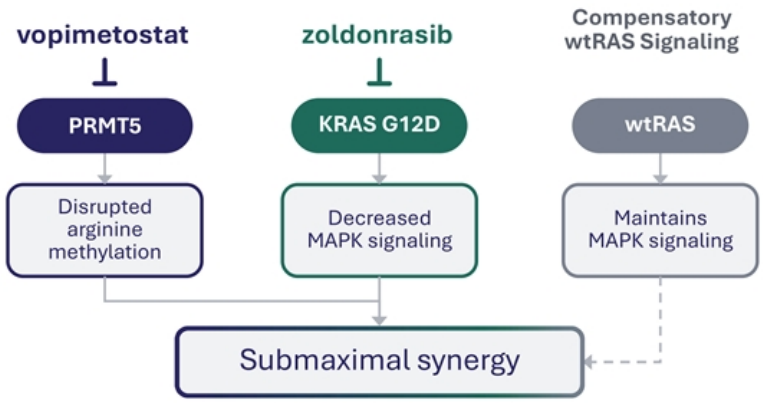
1. Knoll, Cancer Research 2025; Drizyte-Miller, Cancer Research 2025
PDAC, pancreatic ductal adenocarcinoma; QD, once daily; BID, twice daily.

Vopimetostat + panRAS inhibition may yield maximal synergy

panRAS inhibition may result in maximal synergy



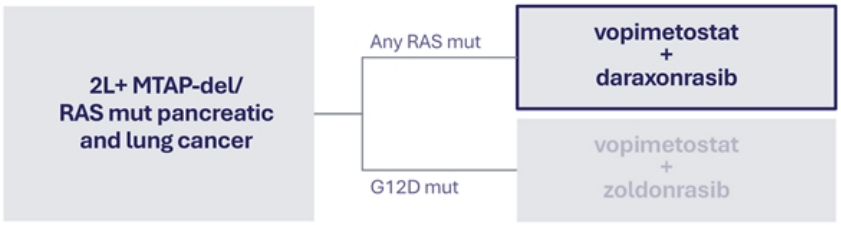
G12D specific inhibition may allow partial rescue by wtRAS



Cancer Discovery. 2020;10(4): 556–569. Ryan MB, Fece de la Cruz F, Phat S, et al. Cell Reports. 2022;39(2):110993. Feng H, et al. Oncogene. 2023;42: 1–13. Wang X, et al. Pathology & Oncology Research. 2024;30:1611948.

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)

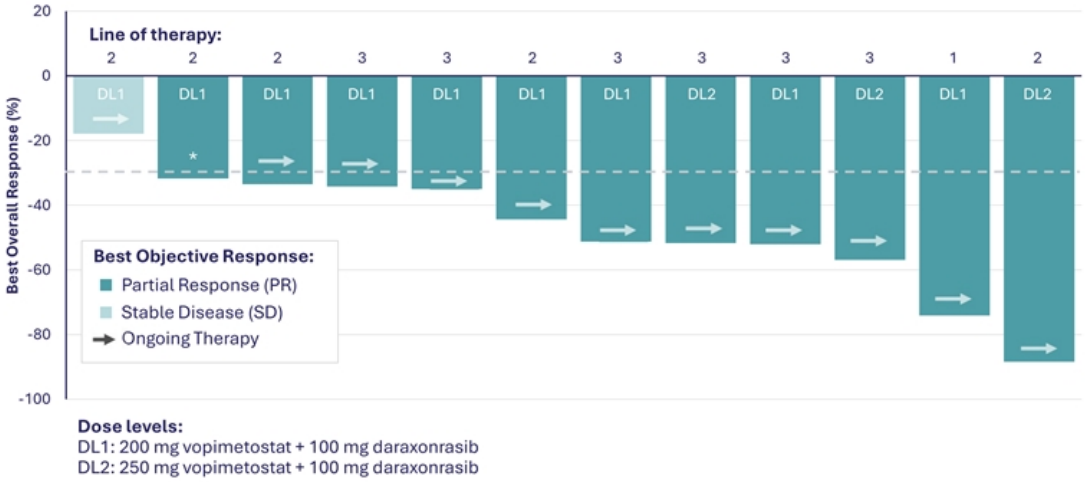
Data extract 28 May 2026. Patients who received first dose at least 14 weeks prior to data cutoff were efficacy evaluable. All treated patients were safety evaluable. 2L, second line; NGS, next-generation sequencing; IHC, immunohistochemistry.

Patient baseline characteristics

	vopimetostat + daraxonrasib (PDAC)	**Vopimetostat + daraxonrasib** (NSCLC)	**vopimetostat + zoldonrasib** (PDAC)
N	**20**	**5**	**34**
Sex, male, n (%)	9 (45)	3 (60)	18 (53)
Age, years, median (range)	66 (46-74)	55 (38-71)	66 (37-81)
Number of prior lines of systemic therapy in metastatic setting, n (%)			
0	1 (5)*	-	-
1	6 (30)	1 (20)	15 (44)
2	13 (65)	3 (60)	19 (56)
3	-	1 (20)	-
Median number of prior lines of systemic therapy in metastatic setting	2	2	2
Patients with liver metastatic disease, n (%)	14 (70)	1 (20)	26 (77)
ECOG, n (%)			
0	12 (60)	2 (40)	9 (26)
1	8 (40)	3 (60)	25 (74)

Data extract 28 May 2026. One patient treated with vopimetostat + daraxonrasib (PDAC) withdrew consent in cycle 1. *Patient was not candidate for chemotherapy and enrolled according to protocol. PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer.

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



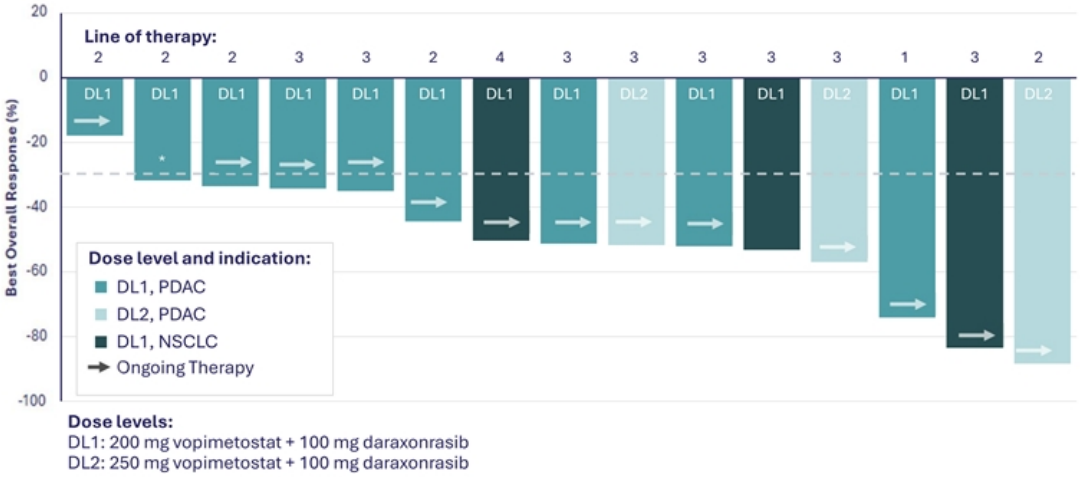
Dose levels:
DL1: 200 mg vopimetostat + 100 mg daraxonrasib
DL2: 250 mg vopimetostat + 100 mg daraxonrasib

N=12	
ORR	92%
DCR	100%

- 9 cPR
- 2 uPR pending confirmation

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



Dose levels:
DL1: 200 mg vopimetostat + 100 mg daraxonrasib
DL2: 250 mg vopimetostat + 100 mg daraxonrasib

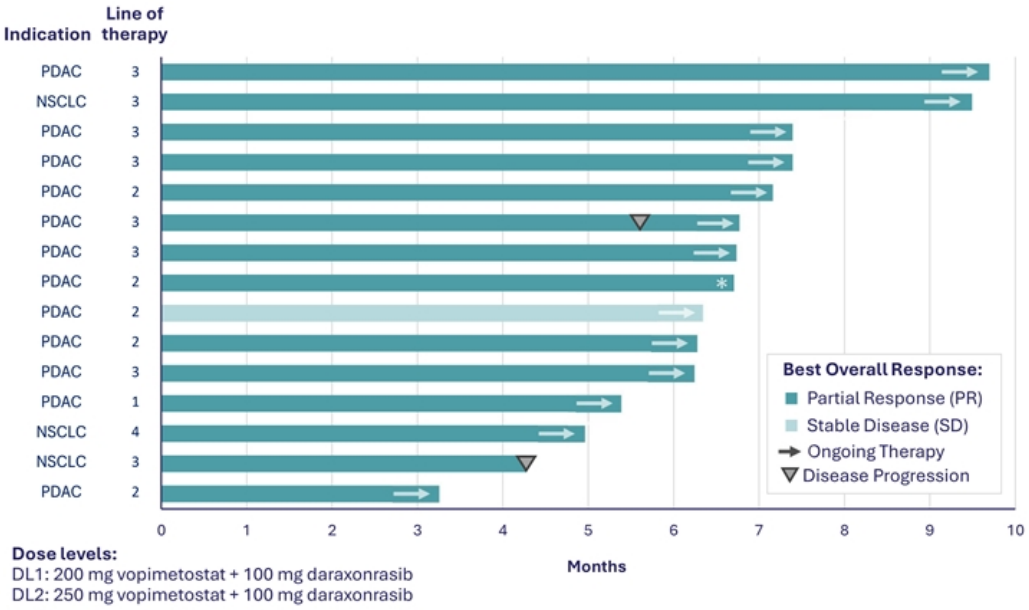
N=15	
ORR	93%
DCR	100%

- 12 cPR
- 2 uPR pending confirmation

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.

TANGO therapeutics

Encouraging durability with vopimetostat + daraxonrasib



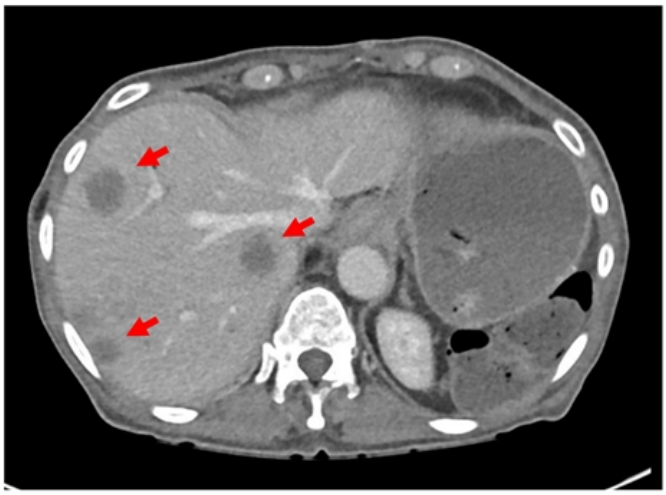
Dose levels:
DL1: 200 mg vopimetostat + 100 mg daraxonrasib
DL2: 250 mg vopimetostat + 100 mg daraxonrasib

Key Metrics

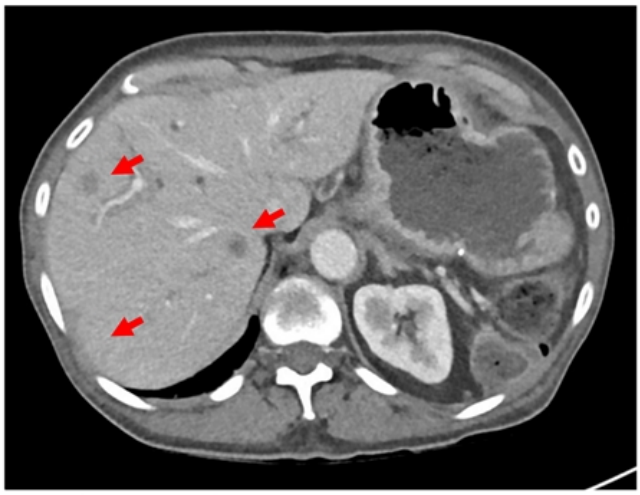
- Two disease progressions observed
- Longest treatment ~10 months, ongoing
- Median PFS NR (NE-NE)
- 90% 6-month PFS rate in PDAC (95% CI: 47-99)
- 50% of PDAC patients are 3L
- Patients not yet efficacy evaluable (n=9) are all ongoing with no disease progression

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 ling 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 1 200 mg vopimetostat + 100 mg daraxonrasib PDAC, N=16		Dose level 1 200 mg vopimetostat + 100 mg daraxonrasib NSCLC, N=5		Dose level 2 250 mg vopimetostat + 100 mg daraxonrasib 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

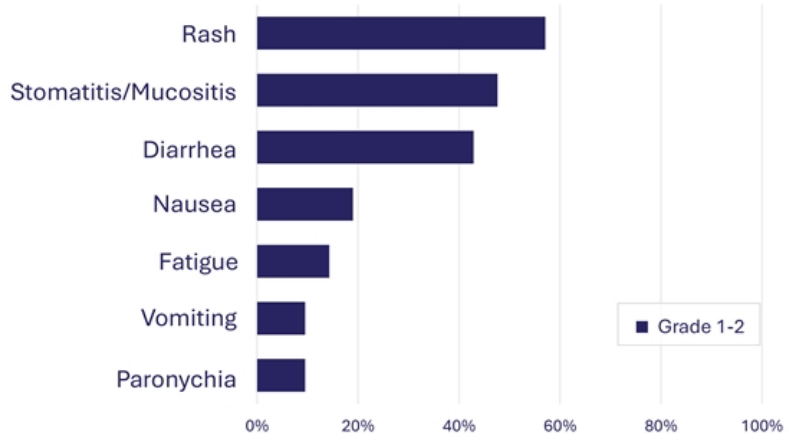
- No new safety signals observed
- No discontinuations due to AEs
- Two dose reductions – dose level 1
- One dose reduction – dose level 2
- Most AEs were Grade 1 or 2
- No related Grade 4 or 5 AEs
- No related SAEs
- At dose level 1: No DLTs
- At dose level 2:
  - DLTs in 2 patients:
    - Grade 3 acneiform 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

vopimetostat 200 mg + daraxonrasib 100 mg (PDAC and lung)
n=21 (TRAEs, % patients)



Median follow-up: 5.0 months

Pharmacokinetics and safety dose level 1

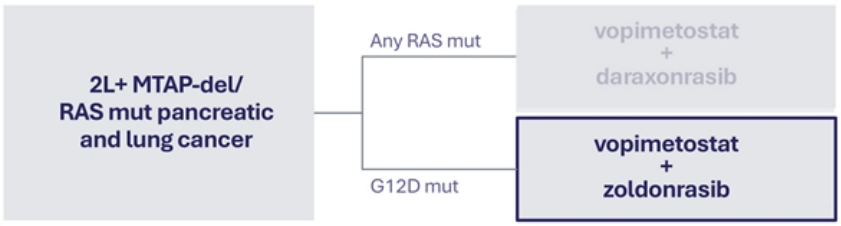
- Daraxonrasib AUC: 4106 hr*ng/ml (n=13, CV 40.5%)
  - Similar to daraxonrasib 300 mg single agent[1]
- PRMT5 inhibition may improve RAS inhibitor-mediated on target toxicity due to upregulation of MAPK activation / pERK[2]
- No grade ≥ 3 RAS associated TRAEs

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

TANGO therapeutics

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

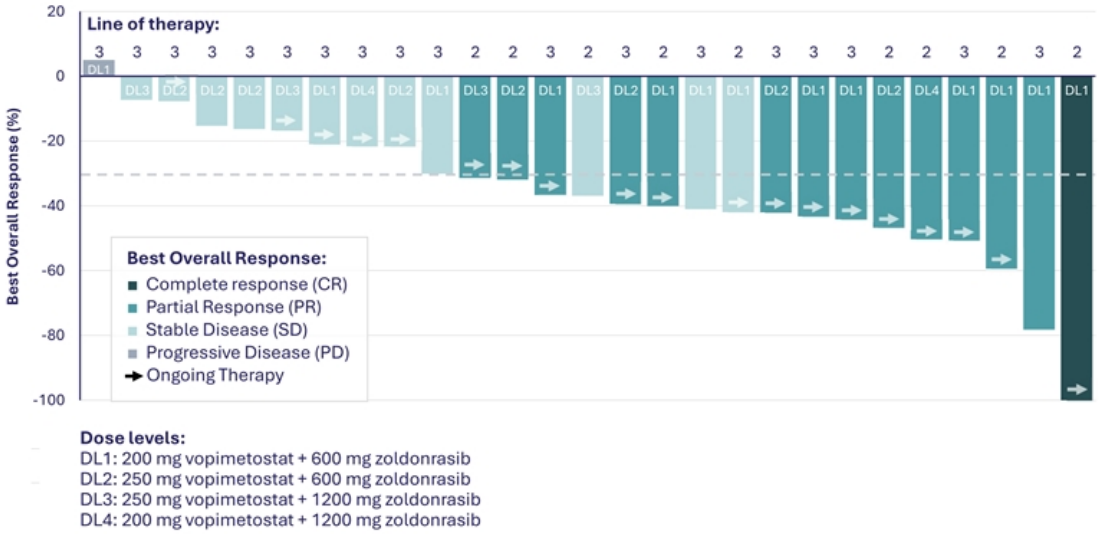
	All dose levels vopimetostat + zoldonrasib N=34	
	All grades	**Grade 3**
TRAEs ≥15%		
Patients with any event	28 (82)	9 (26)
Anemia	8 (24)	6 (18)
Nausea	12 (35)	-
Vomiting	12 (35)	-
Rash (all grade 1)	8 (24)	-
Diarrhea	7 (21)	1 (3)
Fatigue	7 (21)	-
Dysgeusia	6 (18)	-

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



N=27	
ORR	52%
DCR	96%

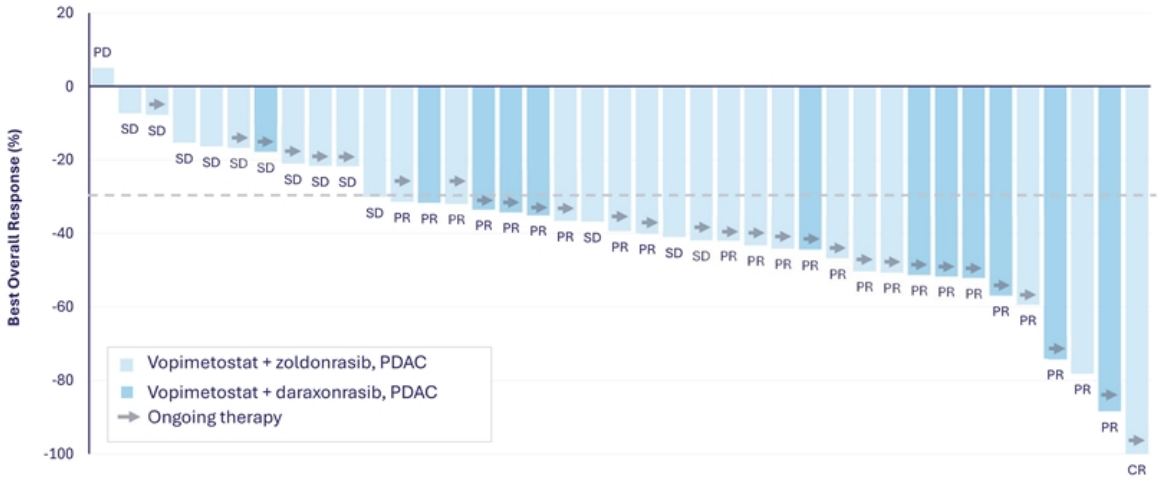
- 10 cPR
- 4 uPR pending confirmation
- 74% 6-month PFS rate (95% CI: 49-88)

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

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.

TANGO therapeutics

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



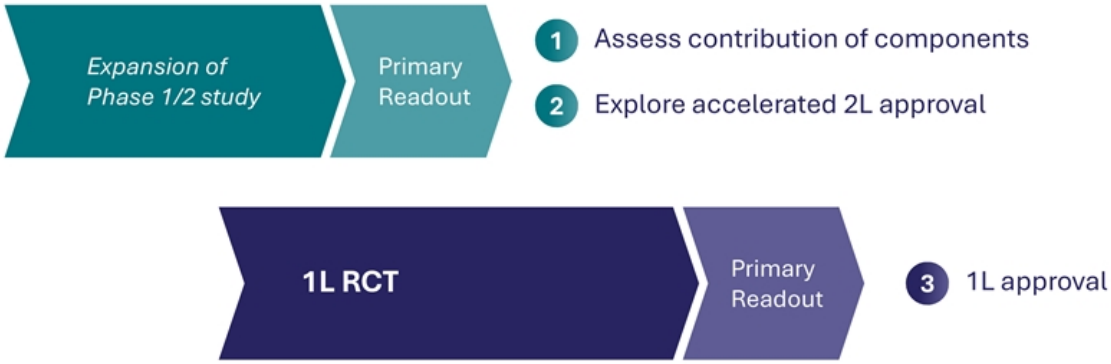
N=39	
ORR	64%
DCR	97%

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.

Strategy to accelerate registration-directed development of vopimetostat

Adam Crystal, MD PhD, President of Research and Development

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



Plan to engage global regulatory authorities to share Phase 1/2 data and discuss registration strategy

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

Capital allocation plan and financial highlights

Matthew Gall, Chief Financial Officer

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
- ❑ Disclose vopimetostat lung cancer monotx data 2H
- ❑ Release initial TNG456 glioblastoma data 2H
- ❑ Present 2/3L PDAC vopimetostat + RAS(ON) inhibitors combination data to a scientific conference 2H
- ❑ Initiate Phase 1/2 vopimetostat + ERAS-0015 combination study 2H

$380M cash and investments as of March 31, 2026
Cash runway into 2028

PDAC, pancreatic ductal adenocarcinoma.

Closing remarks

Malte Peters, MD, Chief Executive Officer

At the forefront of transformative shift in pancreatic cancer treatment

Scientific leader
in PRMT5 inhibition

Transformative
92% ORR in 2/3L PDAC
in combination with daraxonrasib

Clear strategy
for front line development with chemotherapy free regimen

Near-term **focus on potential blockbuster PDAC opportunity**
Pipeline supporting data-driven **indication expansion** to drive long-term growth

TANGO therapeutics

PDAC, pancreatic ductal adenocarcinoma; 2/3L, second/third line.
Data from ongoing Phase 1/2 clinical trial. Data as of 28 May 2026.