

PDAC Investor Presentation

October 23, 2026



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Agenda for today

Introduction

Malte Peters, MD | President and Chief Executive Officer

Vopimetostat + daraxonrasib combination data update

Brian Wolpin, MD | Dana-Farber Cancer Institute & Harvard Medical School

Vopimetostat registration and expansion strategy in PDAC

Adam Crystal, MD, PhD | President of Research and Development

Upcoming milestones and financial highlights

Matthew Gall | Chief Financial Officer

Conclusion

Malte Peters | Chief Executive Officer

Q&A

All



Malte Peters, MD



Brian Wolpin, MD, MPH



Adam Crystal, MD, PhD



Matthew Gall

Introduction

Malte Peters, MD, President and Chief Executive Officer

Leadership in PRMT5 inhibition anchors broad value creation opportunity

CLINICALLY VALIDATED



Potentially differentiated efficacy profile

82% ORR
88% 9-mo PFS rate

We believe reported efficacy measures exceed current and emerging benchmarks in PDAC, including 1L; favorable tolerability

PHASE 3-READY DESIGN



Defined regulatory path

Efficient Phase 3 design with ORR and PFS dual primary endpoints based on discussions with regulatory authorities

DIFFERENTIATED



Demonstrated combinability

Clinical data and signals of differentiated safety and tolerability support potential for chemo-free combinations with multiple targeted agents

EXPANSION



Leading the field

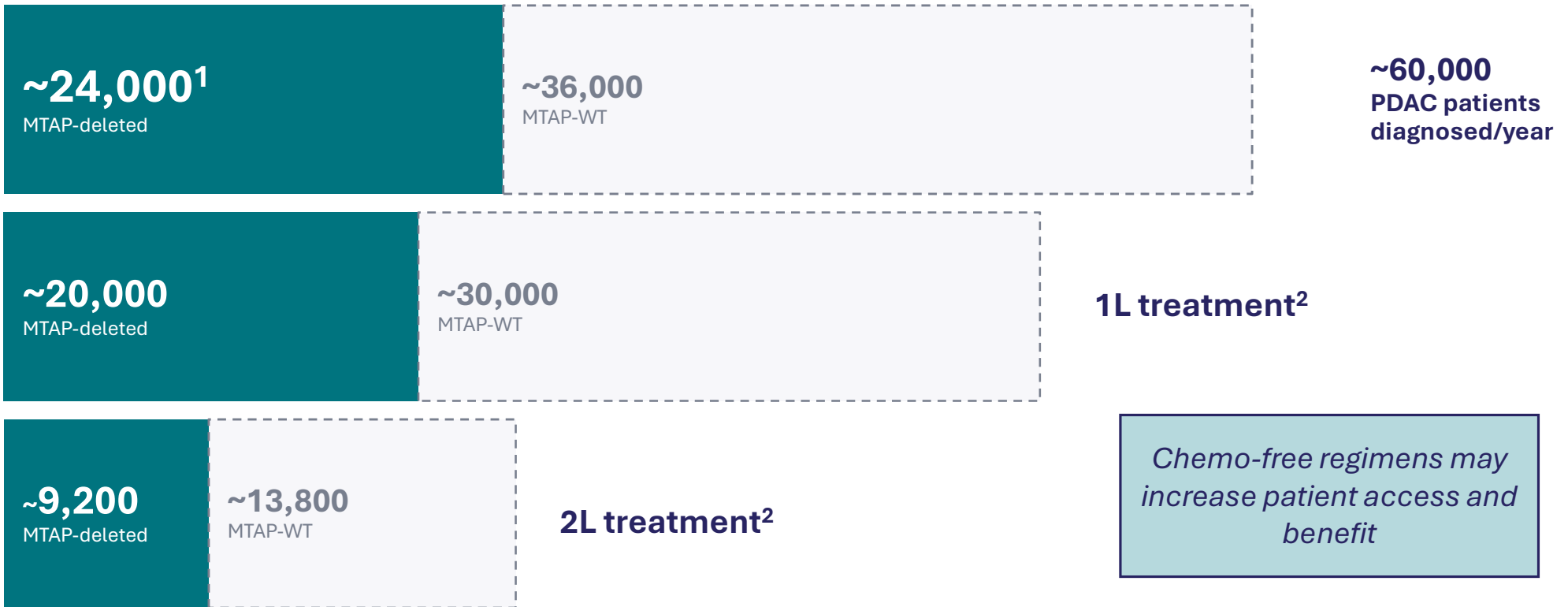
Largest body of clinical data of PRMT5 + RAS inhibitors; ERAS-0015 combination study planned; strong biological rationale supports expansion into MTAP wild-type tumors

Executing with a focused, experienced leadership team
\$1B on balance sheet* anticipated to support PDAC late-stage development and ongoing work

*As of June 30, 2026.

ORR, overall response rate; PFS, progression-free survival; PDAC, pancreatic ductal adenocarcinoma; 1L, first line.

~60,000 U.S. pancreatic cancer patients per year



Patient population estimates by SEER, Kantar and others. 1L, first line; 2L, second line; WT, wild-type, PDAC, pancreatic ductal adenocarcinoma.

1. Gorbokon, Cancers (Basel) 2025.

2. King et al, Adv Ther 2022 and company estimates.

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 + daraxonrasib combination data update

Brian Wolpin, MD, MPH

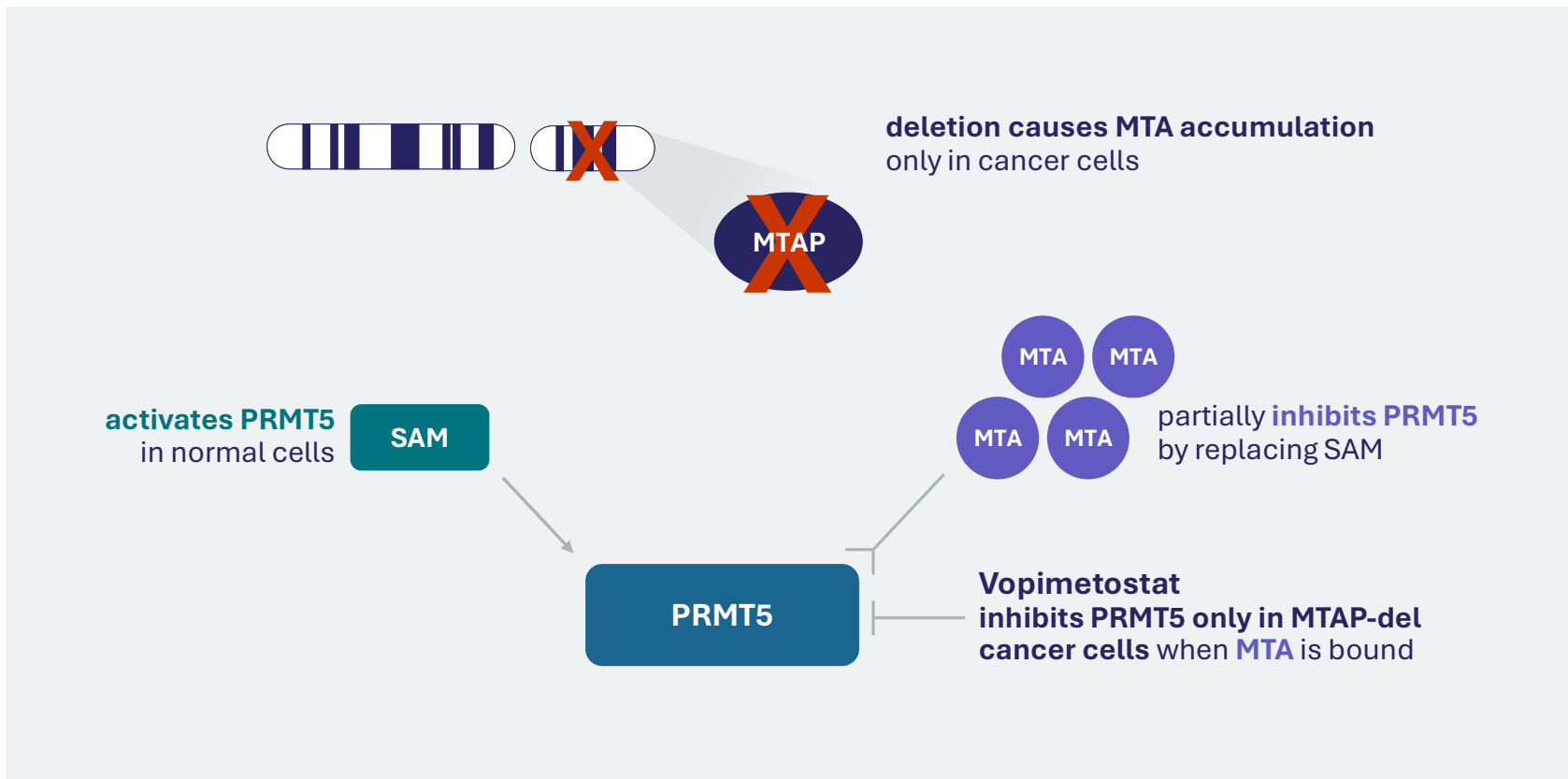
Dana-Farber Cancer Institute & Harvard Medical School

Evolution of standard of care for pancreatic cancer



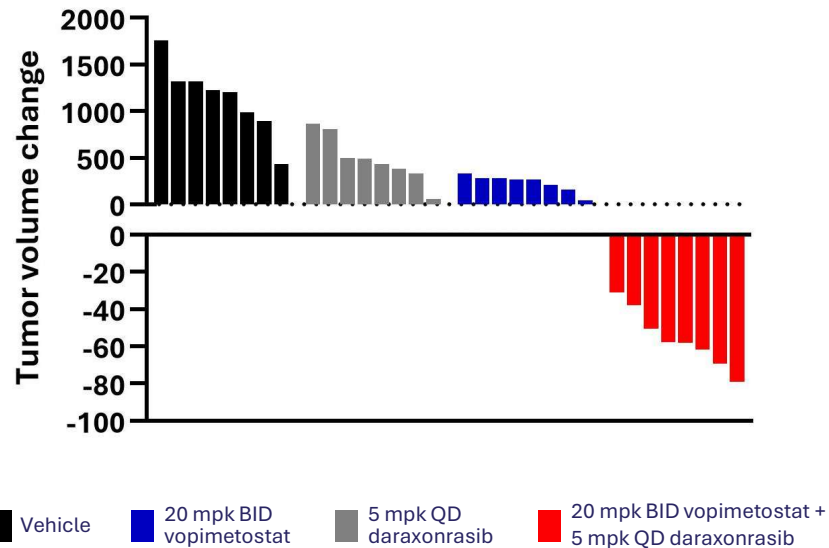
1. Compared to single agent daraxonrasib, as of the data cutoff of August 20, 2026. Head-to-head trials have not been conducted; comparisons are based on cross-trial data and should be interpreted with caution.
PFS, progression-free survival; OS, overall survival

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

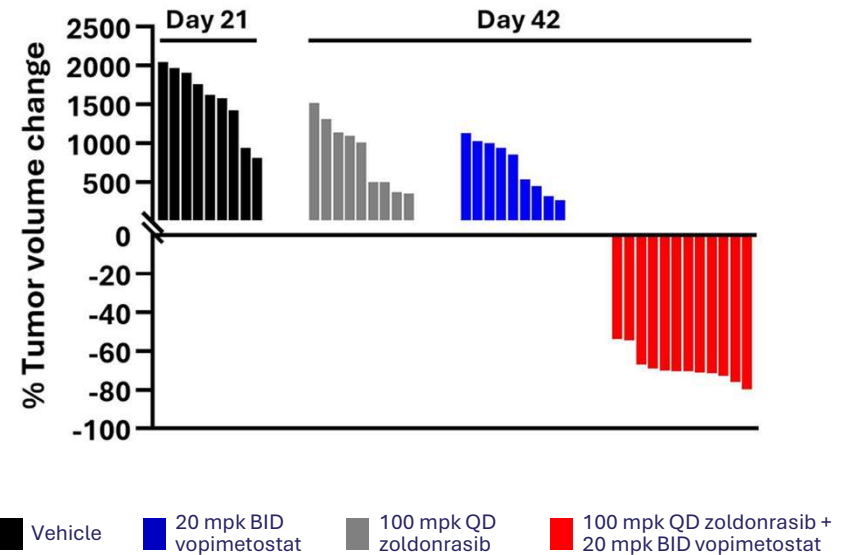


PRMT5 inhibition plus RAS inhibition is synergistic preclinically

Vopimetostat + Daraxonrasib: CAPAN1 MTAP-null, KRAS^{G12V} PDAC CDX



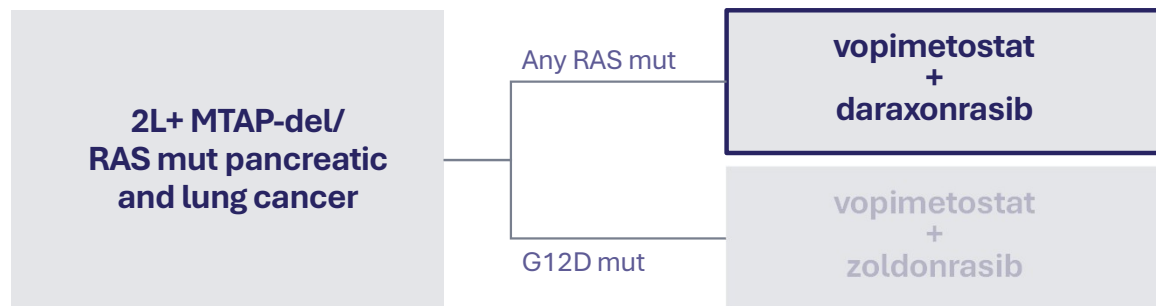
Vopimetostat + Zoldonrasib: KP4 MTAP-null, KRAS^{G12D} PDAC CDX



Vopimetostat and daraxonrasib dosed sub-therapeutically. Percent tumor volume change at the indicated time points in CAPAN1 or KP4 tumor-bearing mice following oral administration of vopimetostat, daraxonrasib, zoldonrasib, combination treatments, or vehicle (n=9/group for vehicle and single agent groups, n=12/group for combination group for KP4; n=8/group for CAPAN1). Data: Tango Therapeutics, data on file. 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=34
Efficacy n=27

MTAP status for enrollment:

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

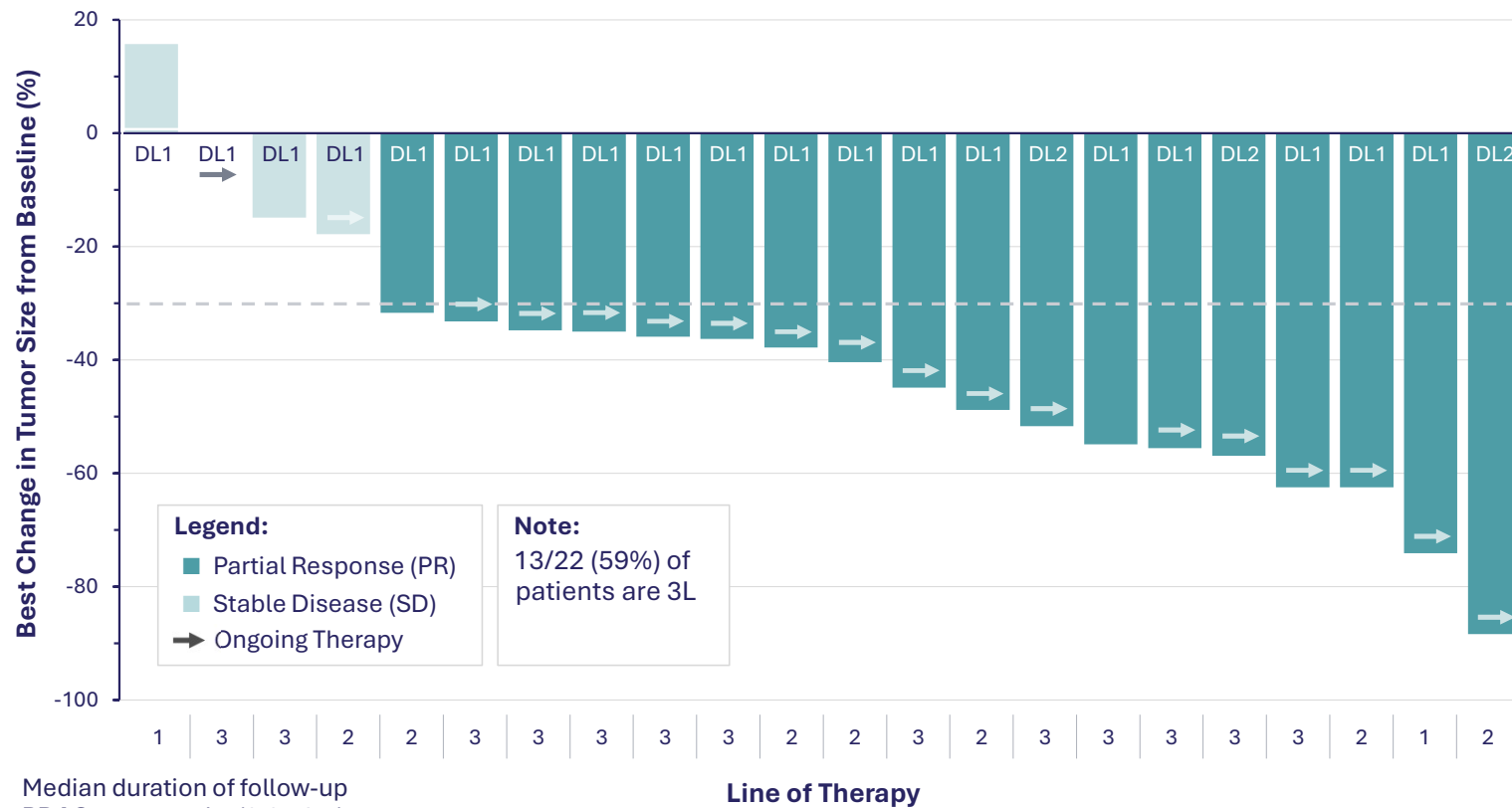
Data extract 20 August 2026. Patients who received first dose at least 14 weeks prior to data cutoff were efficacy evaluable. All treated patients were safety evaluable. 2L, second line; NGS, next-generation sequencing; IHC, immunohistochemistry; QD, once daily.

Patient baseline characteristics

		Vopimetostat + daraxonrasib (PDAC) N=29	Vopimetostat + daraxonrasib (NSCLC) N=5	Vopimetostat + zoldonrasib (PDAC) N=39 ^a
Sex, male, n (%)		12 (41.4)	3 (60)	21 (53.8)
Age, years, median (range)		66 (44, 74)	55 (38, 71)	66 (37, 81)
Prior anti-cancer therapies, n (%)	0	2 (6.9) ^b	-	-
	1	10 (34.5)	1 (20)	18 (46.2)
	2	17 (58.6)	3 (60)	21 (53.8)
	3+	-	1 (20)	-
Baseline ECOG, n (%)	0	17 (58.6)	2 (40)	13 (33.3)
	1	11 (37.9)	3 (60)	26 (66.7)
	Missing	1 (3.4)		
KRAS mutation variant, n (%)	G12V	15 (51.7)	1 (20.0)	-
	G12R	6 (20.7)	-	-
	Q61H/K/R	4 (13.8)	1 (20.0)	-
	G12A	2 (6.9)	-	-
	G12D	-	2 (40.0)	39 (100.0)
	G13C	-	1 (20.0)	-
	Missing	2 (6.9)	-	-
Liver metastases at baseline, n (%)		21 (72.4)	1 (20.0)	31 (79.5)

Data extract 20 August 2026. a. One patient treated with vopimetostat+zoldonrasib had NSCLC and is omitted from this table. b. Treatment in the 1L setting was permitted in cases where standard of care was not appropriate. PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer.

Vopimetostat + daraxonrasib in MTAP-del 2/3L PDAC: ORR 82%

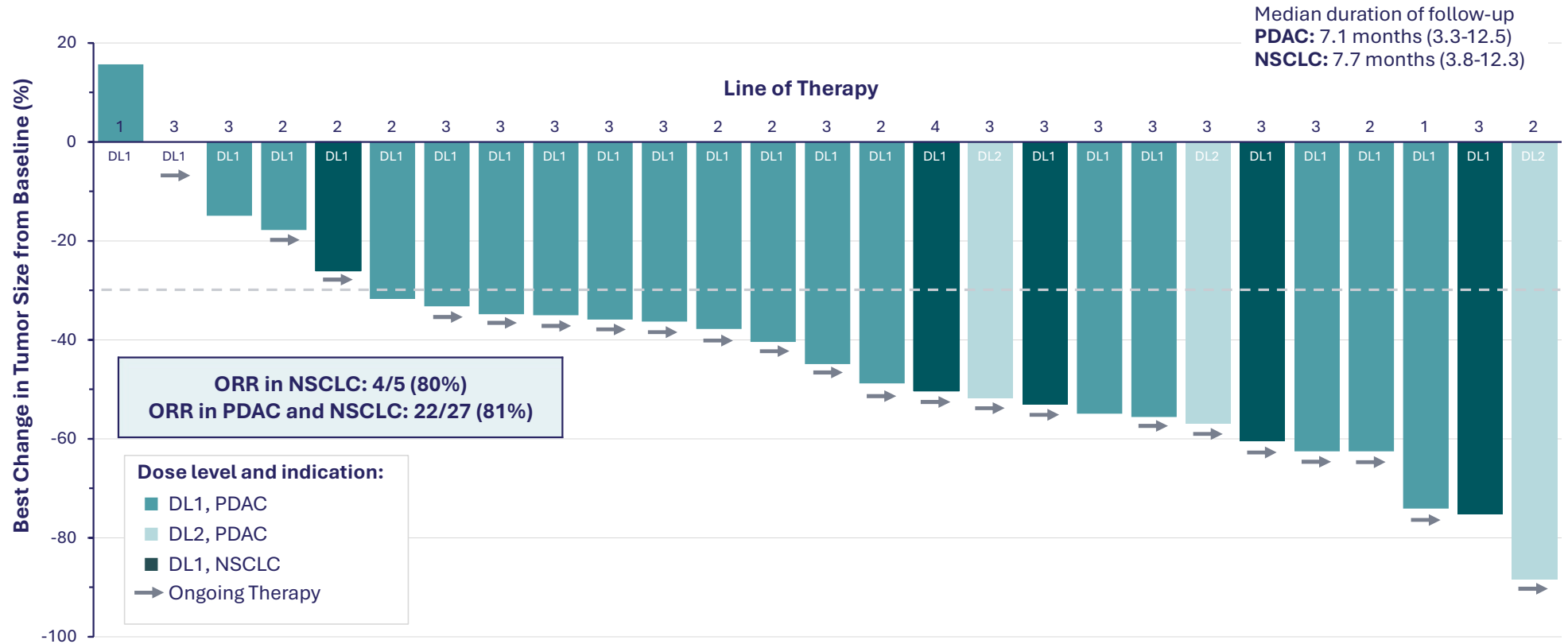


N=22	
ORR	82%
DCR	100%

 All responses now confirmed

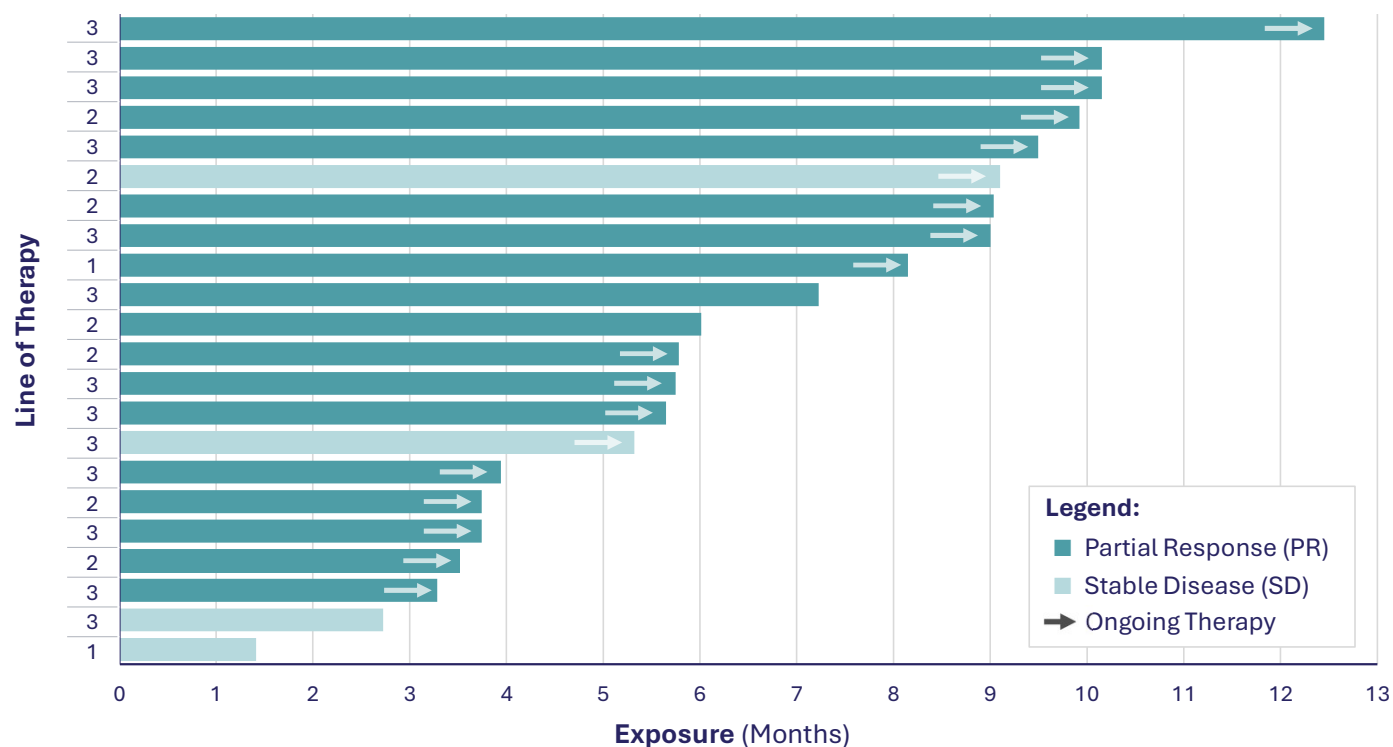
Data extract 20 August 2026. DL1: vopimetostat 200 mg+daraxonrasib 100 mg; DL2: vopimetostat 250 mg+daraxonrasib 100 mg. Treatment in the 1L setting was permitted in cases where standard of care was not appropriate. 11 of 18 responses were confirmed as of data extract date. PDAC, pancreatic ductal adenocarcinoma; DL, dose level; ORR, overall response rate; DCR, disease control rate.

Consistent and promising results across PDAC and NSCLC



Data extract 20 August 2026. DL1, vopimetostat 200 mg+daraxonrasib 100 mg; DL2, vopimetostat 250 mg+daraxonrasib 100 mg. Treatment in the 1L setting was permitted in cases where standard of care was not appropriate. PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer.

Vopimetostat + daraxonrasib in MTAP-del PDAC: 88% 9-month PFS rate

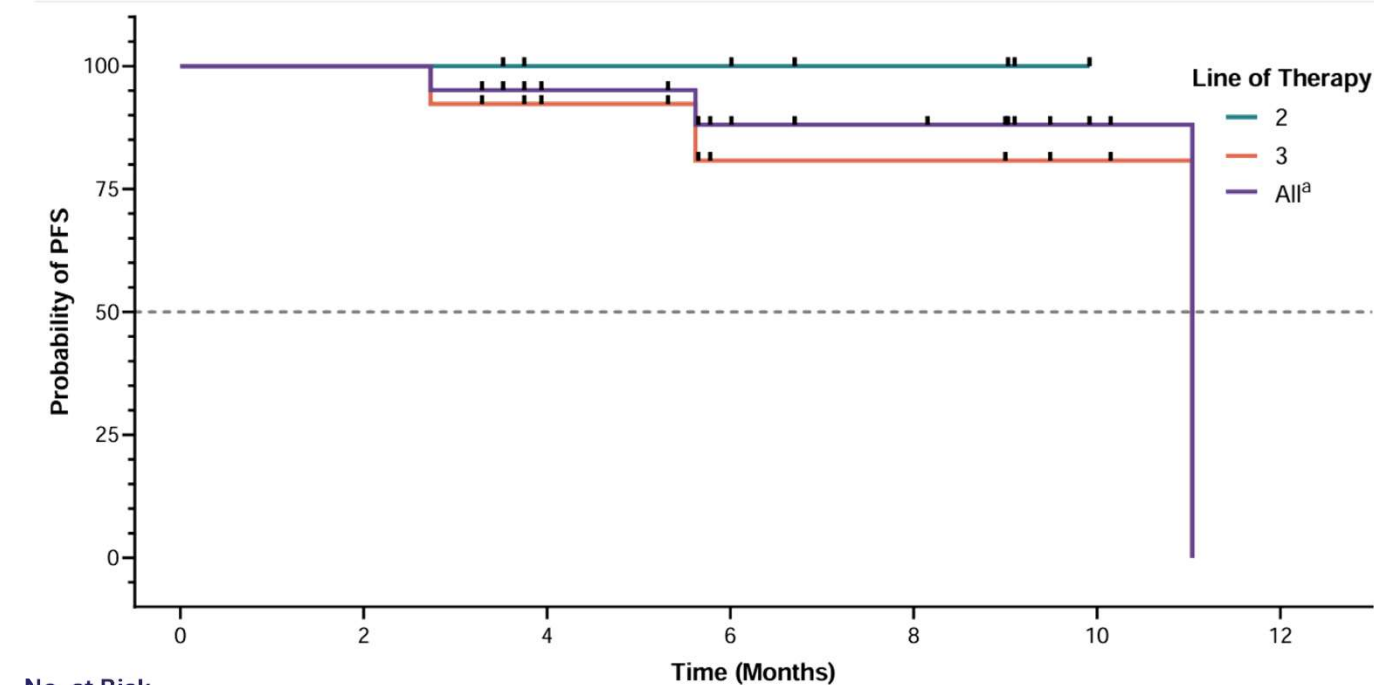


Key Metrics

- 88% 9-month PFS rate in PDAC (95% CI: 60, 97)
- 59% of PDAC patients are 3L

Data extract 20 August 2026. All PDAC patients at DL1 and DL2 included in swimmer plot.
Treatment in the 1L setting was permitted in cases where standard of care was not appropriate.
PDAC, pancreatic ductal adenocarcinoma. CI, confidence interval; PFS, progression-free survival; 3L, third line; DL, dose level.

Strong PFS trends in both second and third line MTAPdel PDAC



No. at Risk		Time (Months)					
LoT	0	2	4	6	8	10	12
2	7	7	5	5	3	0	
3	13	13	9	5	5	3	0
All ^a	22	21	15	11	9	3	0

Key Metrics

- 88% 9-month PFS rate (95% CI: 60, 97)
- No disease progression in 2L patients

Data extract 20 August 2026. PDAC, pancreatic ductal adenocarcinoma; CI, confidence interval.

^aAll lines of therapy includes two patients treated in the 1L setting.

Vopimetostat + daraxonrasib was generally well-tolerated at dose level 1

n, (%)	DL1: PDAC (n=25)	DL1: NSCLC (n=5)	DL2: PDAC (n=4)
Any TRAE	19 (76.0)	5 (100.0)	4 (100.0)
Grade 1-2	9 (36.0)	4 (80.0)	1 (25.0)
Grade 3	10 (40.0)	1 (20.0)	3 (75.0)
Grade 4	-	-	-
Grade 5	-	-	-
SAE	-	-	-
Leading to Dose Modification	11 (44.0)	3 (60.0)	4 (100.0)
Interruption	10 (40.0)	2 (40.0)	4 (100.0)
Dose Reduction	5 (20.0)	2 (40.0)	1 (25.0)
Leading to Withdrawal	-	-	1 (25.0)
Leading to DLT	-	- ^a	2 (50.0) ^b

Safety Summary

- No new safety signals observed
- No discontinuations due to TRAEs at DL1
- 20% dose reduction at DL1
- No Grade 4 or 5 TRAEs
- No related SAEs

Data extract 20 August 2026. The safety population includes all patients 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). DLT, dose-limiting toxicity. SAE, serious adverse event. TRAE, treatment-related adverse event; DL, dose level.

DL1: vopimetostat 200 mg+daraxonrasib 100 mg; DL2: vopimetostat 250 mg+daraxonrasib 100 mg.

^a At the time of the datacut, an event (Grade 2 anemia) was incorrectly captured in the EDC as a DLT; this has since been corrected. ^b Grade 3 acneiform rash (resulting in dose reduction and continued treatment) and Grade 3 stomatitis and fatigue (withdrawn consent).

Vopimetostat + daraxonrasib was generally well-tolerated at dose level 1

n, (%)	DL1: PDAC (n=25)		DL1: NSCLC (n=5)		DL2: PDAC (n=4)	
TRAEs occurring in ≥15% of Patients	All Grades	Grade 3	All Grades	Grade 3	All Grades	Grade 3
Rash ^a	11 (44.0)	-	5 (100.0)	-	4 (100.0)	1 (25.0)
Stomatitis/Mucositis	12 (48.0)	-	2 (40.0)	-	2 (50.0)	1 (25.0)
Diarrhea	7 (28.0)	-	4 (80.0)	-	2 (50.0)	-
Fatigue	4 (16.0)	-	2 (40.0)	-	3 (75.0)	1 (25.0)
Anemia	6 (24.0)	3 (12.0)	1 (20.0)	1 (20.0)	-	-
Nausea	3 (12.0)	-	2 (40.0)	-	1 (25.0)	-
Edema peripheral	4 (16.0)	-	-	-	2 (50.0)	-
Thrombocytopenia	4 (16.0)	2 (8.0)	1 (20.0)	-	1 (25.0)	-
Vomiting	4 (16.0)	-	1 (20.0)	-	1 (25.0)	-

Safety Summary

- No new safety signals observed
- No discontinuations due to TRAEs at DL1
- 20% dose reduction at DL1
- No Grade 4 or 5 TRAEs
- No related SAEs
- No Grade 3+ rash or mucositis/stomatitis at DL1
- Low incidence of nausea, vomiting, diarrhea

Data extract 20 August 2026. The safety population includes all patients who received at least one dose of the study drug combination prior to the data extract. DLT, dose-limiting toxicity. SAE, serious adverse event. TRAE, treatment-related adverse event.

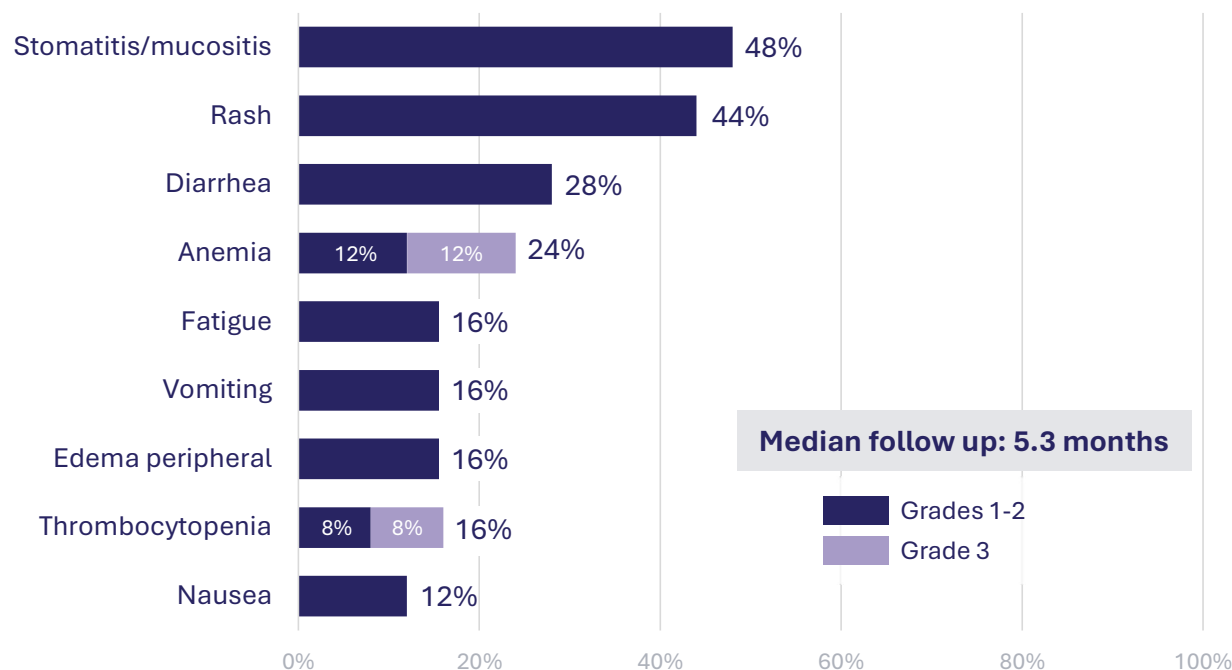
DL1, vopimetostat 200 mg+daraxonrasib 100 mg; DL2, vopimetostat 250 mg+daraxonrasib 100 mg.

a. Includes TRAEs of rash, rash maculo-papular and dermatitis acneiform.

Additionally, three patients across the study experienced ocular/visual events. One patient experienced blurred vision and two patients reported dry eye. All events were Grade 1.

Vopimetostat + daraxonrasib demonstrated favorable RAS associated safety profile

Vopimetostat 200 mg + daraxonrasib 100 mg (PDAC) n=25 (TRAEs, % patients, Grade 1-3)

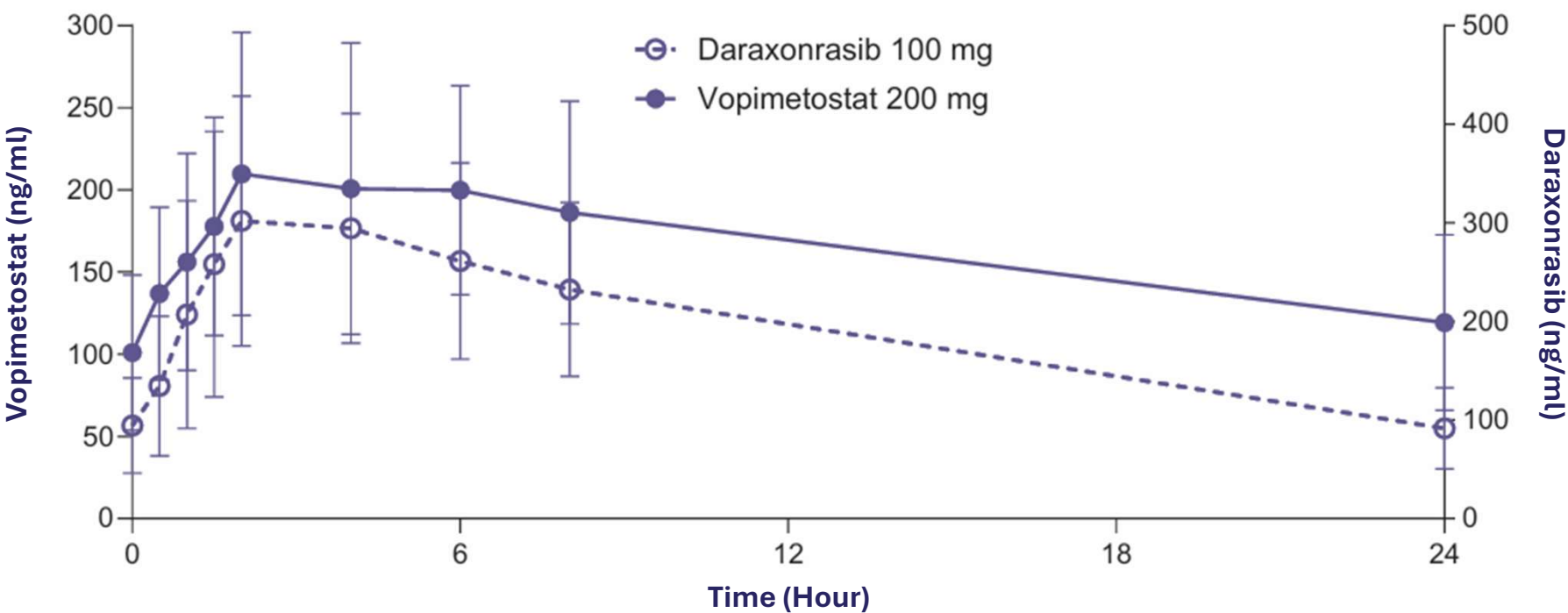


Pharmacokinetics and safety Dose level 1

- Daraxonrasib AUC: 4303 hr*ng/ml (n=20, CV 40%)
 - Similar to daraxonrasib 300 mg single agent¹
- PRMT5 inhibition may improve RAS inhibitor- mediated on target toxicity due to upregulation of MAPK activation / pERK²
- No Grade 4 or 5 TRAEs

Data extract 20 Aug 2026. Data displayed are TRAEs most frequently associated with RAS inhibitors.
1. RASONQUE label; 2. Knoll, Cancer Research 2025; Drizyte-Miller, Cancer Research 2025

Clinically meaningful exposures and limited variability supportive of Phase 3 development



	CV	AUC0-24h (ng*h/mL) Mean ± SD
Vopimetostat DL1 (n=18)	38%	3815 ± 1444
Daraxonrasib DL1 (n=20)	40%	4303 ± 1721

Data extract 20 August 2026.

Vopimetostat registration path

Adam Crystal, MD, PhD, President of Research and Development

Vopimetostat + daraxonrasib: anticipated path to PDAC registration

LEAD PROGRAM

Vopimetostat + daraxonrasib

~20,000¹

MTAP-del patients annually U.S.

Larger near-term PDAC opportunity

Defined 1L

registration path

Design informed by FDA guidance

82%
ORR*

Demonstrated activity and durability profile

88%

9-mo PFS rate

**Favorable safety +
full target exposure**

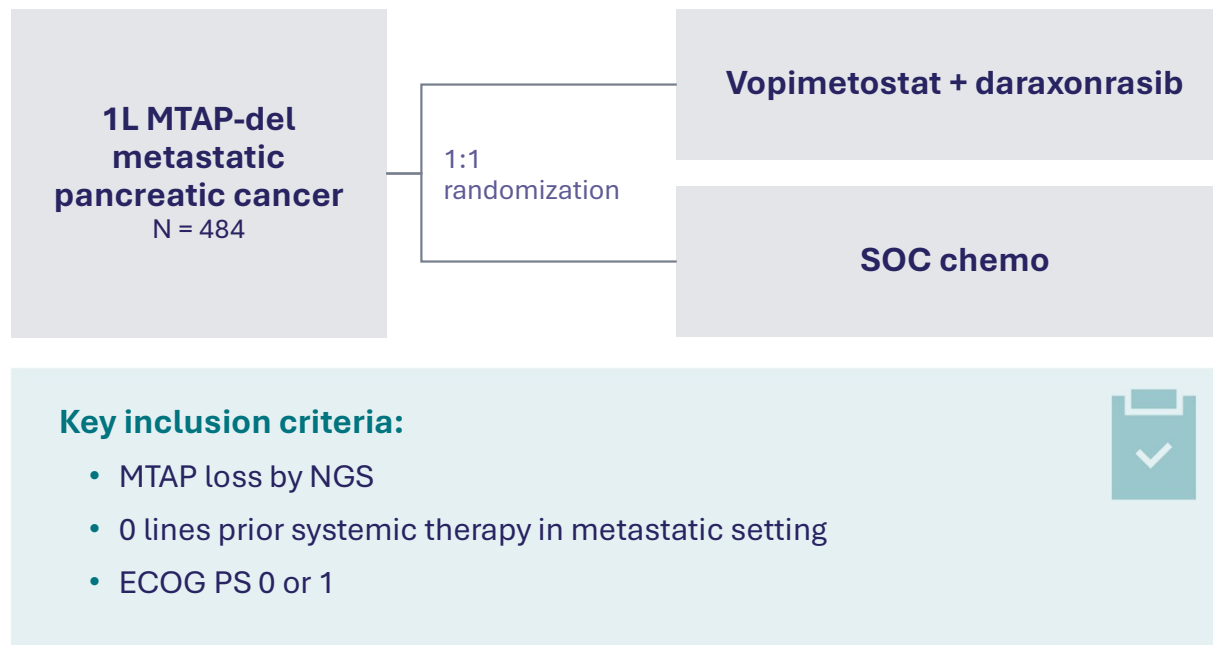
No grade 3 rash or stomatitis at dose level 1; reduced GI toxicity

Data extract 20 August 2026.

1. Gorbokon, Cancers (Basel) 2025; King et al, Adv Ther 2022.

*ORR 82%, 18/22. As of the data cut, 11 of 18 responses were confirmed. All unconfirmed responses subsequently have confirmed.
PDAC, pancreatic ductal adenocarcinoma; 1L, first line; ORR, overall response rate; PFS, progression-free survival.

Phase 3 study in 1L, MTAP-del PDAC anticipated to start 1H 2027



Primary Endpoints

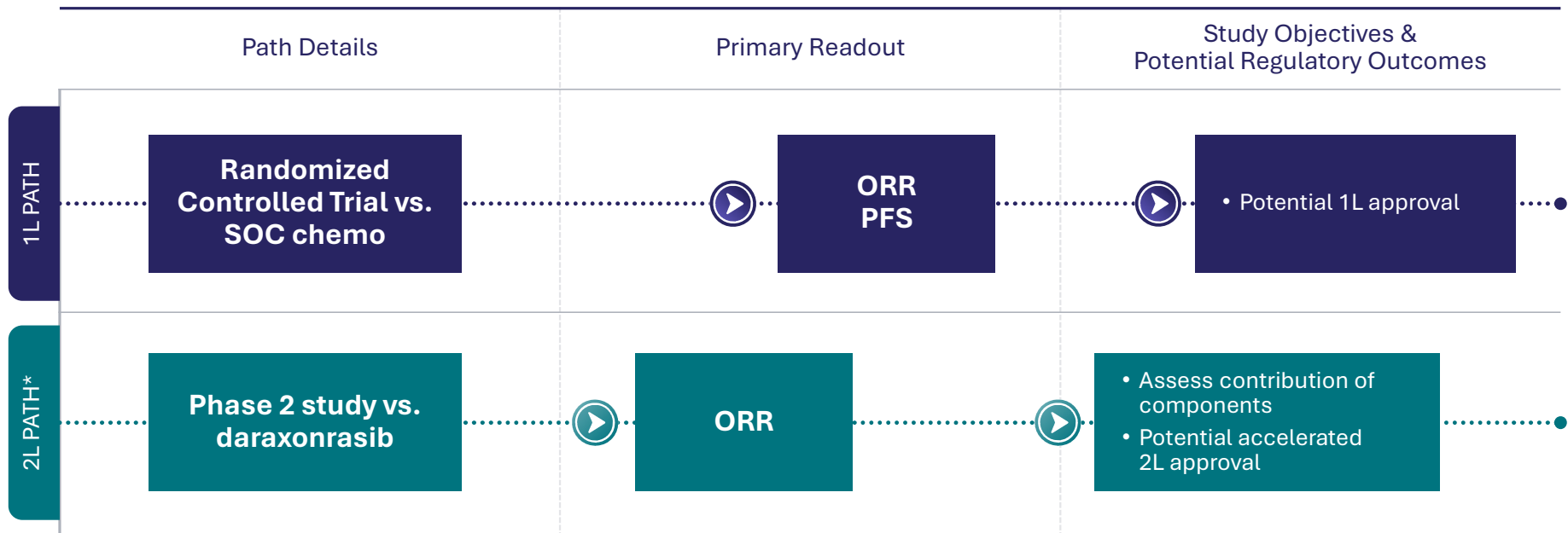
- Dual primary endpoints: ORR and PFS
- OS as key secondary endpoint
- Dose level 1 selected
- Global, randomized study

SOC Chemo: investigator's choice between 3 standard of care regimens (mFOLFIRINOX, NALIRIFOX, or GnP).

SOC, standard of care; NGS, next-generation sequencing; ORR, overall response rate; PFS, progression-free survival; OS, overall survival.

Advancing development path in 1L and 2L PDAC

Vopimetostat + daraxonrasib PDAC front line strategy supported by regulatory discussions



*Subject to regulatory feedback. 1L, first line; 2L, second line
SOC chemo is investigator's choice of mFOLFIRINOX, NALIRIFOX, or GnP.

Leadership in PRMT5 inhibition

Adam Crystal, MD, PhD

Leadership in PRMT5 supports opportunities for indication expansion



Biologic Foundation

- PRMT5i + RAS/MAPK inhibition is synergistic^a
- PRMT5 inhibition causes hypersensitivity to MAPK pathway blockade^b



PDAC

Vopimetostat + RAS inhibitors

- Clinical activity shows that the combination biology can translate to marked combination activity
- Encouraging tolerability relative to expected RAS-pathway toxicity



Additional Opportunities

- Clinical synergy with MAPK pathway may extend beyond MTAP-del PDAC
- Potential in **NSCLC** and **MTAP-WT PDAC**

A broad combination strategy anchored in clinical and translational evidence

a. Knoll, Cancer Research 2025; Drizyte-Miller, Cancer Research 2025

b. Acquired Resistance to the PRMT5 Inhibitor Confers Collateral Sensitivity to MEK Inhibition in MTAP-Null Non-Small Cell Lung Cancer. Fu R, Wang Y, Rehman I, Bedford E, Sharif S, Nguyen ND, Powell RT, Adams A, Liu W, Wang S, He W, Lu Y, Liu B, Shah PA, Ahnert JR, Chen T, Peng W, Stephan CC, Liu X, Bedford MT, Xu H. Biomolecules. 2026 Aug 17;16(8):1198. doi: 10.3390/biom16081198.

MTAPwt, MTAP wild type; PDAC, pancreatic ductal adenocarcinoma; NSCLC, non-small cell lung cancer.

Vopimetostat inhibited PRMT5 in MTAP WT cells, clinically

Pharmacokinetics

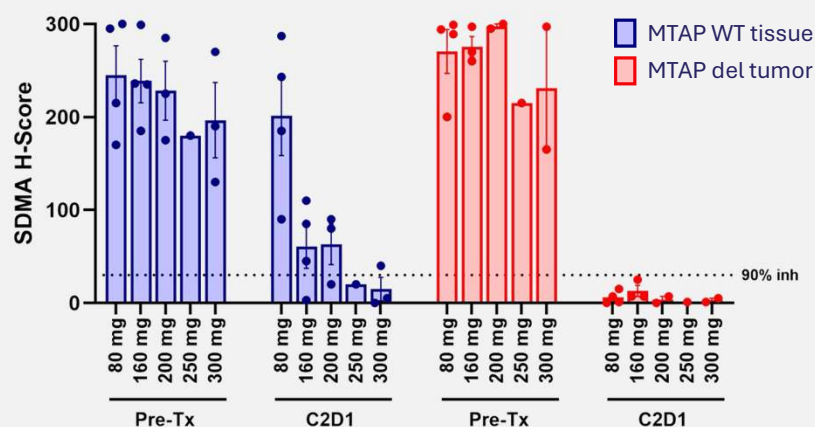
Vopimetostat inhibited PRMT5 in MTAP wild type cells

- Clinical exposure in DL1 = IC50 in MTAPwt cells



Clinical exposure in active range for MTAP WT cells

Pharmacodynamics



Deep SDMA suppression at ≥160 mg in patients

Safety

At 200 mg vopimetostat results in **on target** related adverse events:

- Fatigue
- Thrombocytopenia
- Anemia

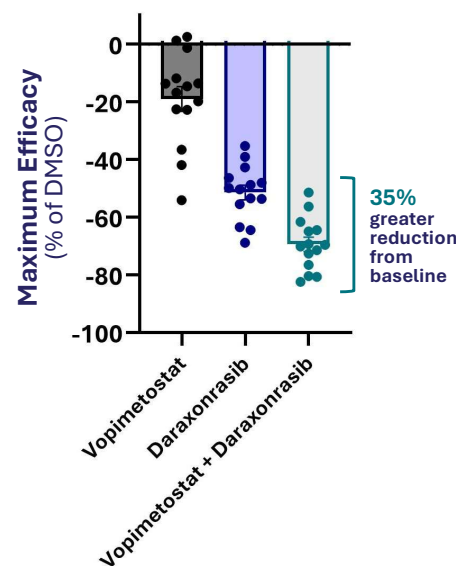
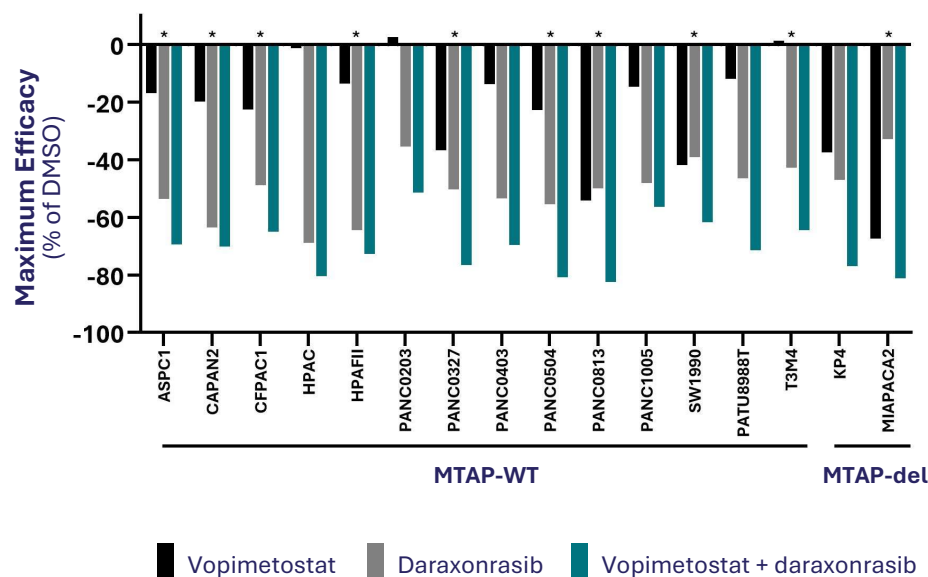


On target AEs demonstrate PRMT5 inhibition in MTAP WT cells

Observed cAvg: 85 nM; IC50 MTAP WT cells: 109 nM
Source: Cottrell, et al, Journal of Medicinal Chemistry 2025 and Tango data on file.

Vopimetostat potentiates daraxonrasib in MTAP-WT PDAC cell lines at the exposure achieved clinically

Vopimetostat + daraxonrasib in vitro activity



Key observations

- Improved clinical activity in MTAP-WT PDAC cell lines with vopimetostat + daraxonrasib at clinical exposure
- Clinical activity observed across all KRAS mutant variants tested (G12D, G12V, G12C and Q61H)

* Denotes daraxonrasib doses < 300 mg clinical equivalent - doses chosen to target IC50; all other daraxonrasib doses are equivalent to 300 mg QD clinical dose
 All vopimetostat doses are equivalent to 200 mg QD clinical dose
 Source: Cottrell, et al, Journal of Medicinal Chemistry 2025 and Tango data on file.
 PDAC, pancreatic ductal adenocarcinoma.

Efficient path to expand the PRMT5 opportunity

Potential for combination benefit to extend beyond MTAP-deleted cancers

Clinically validated combination



vopimetostat +
panRAS inhibitor



Enroll MTAP-WT PDAC cohort



Anticipated ~25-patient
POC cohort



Potential to reach more patients in PDAC & beyond

MTAP-WT proof of concept
could substantially broaden
the addressable population



Informing Continued Development



Rapid,
cost-efficient
de-risking



Broaden 1L PDAC
patient population
to all patients



Potential to conduct
study under existing
Erasca collaboration



Expand opportunity in
other tumor types,
including NSCLC

WT, wild type; POC, proof-of-concept; MTAP-del, MTAP-deleted; PDAC, pancreatic ductal adenocarcinoma; 1L, first line; NSCLC, non-small cell lung cancer.

Upcoming milestones and financial highlights

Matthew Gall, Chief Financial Officer

Near-term anticipated milestones support advancement of vopimetostat clinical development and efficient expansion opportunities

Advance NSCLC development strategy

.....● January 2027

Release TNG456 monotherapy data

Brain-penetrant PRMT5 inhibitor in NSCLC, glioblastoma and other cancers

DATA READOUT

.....● January 2027

Release vopimetostat monotherapy data

NSCLC

DATA READOUT

Expand RAS Opportunity

.....● 2H26

Initiate Phase 1/2 vopimetostat + ERAS-0015

MTAP-del PDAC or MTAP-del, RAS-mutant NSCLC

.....● 1H27

Initiate Phase 1/2 vopimetostat + RAS combination study

2L, MTAP-wild type PDAC

Advance Lead PDAC Program

.....● 1H27

Initiate Phase 3 vopimetostat + daraxonrasib

Front line, MTAP-del PDAC

\$1.0B cash and investments as of June 30, 2026, expected to support PDAC late-stage development and ongoing work

2L, second line; MTAP-del, MTAP-deleted; WT, wild type; NSCLC, non-small cell lung cancer.

Conclusion

Malte Peters, MD, President and Chief Executive Officer

Compelling PDAC data support our registration strategy and broader franchise potential



VALIDATED CLINICAL PROFILE

Compelling activity, durability and tolerability reinforce confidence in the clinical profile



REGISTRATION-DIRECTED DEVELOPMENT

Focus shifts from establishing the signal to executing on a defined pivotal path



LAUNCH PREPARATION

Organizational readiness, leadership team in place, key activities underway



BROADER VOPIMETOSTAT FRANCHISE POTENTIAL

Combinability and MTAP-WT biology support a broader long-term opportunity beyond the lead MTAP-del PDAC program

