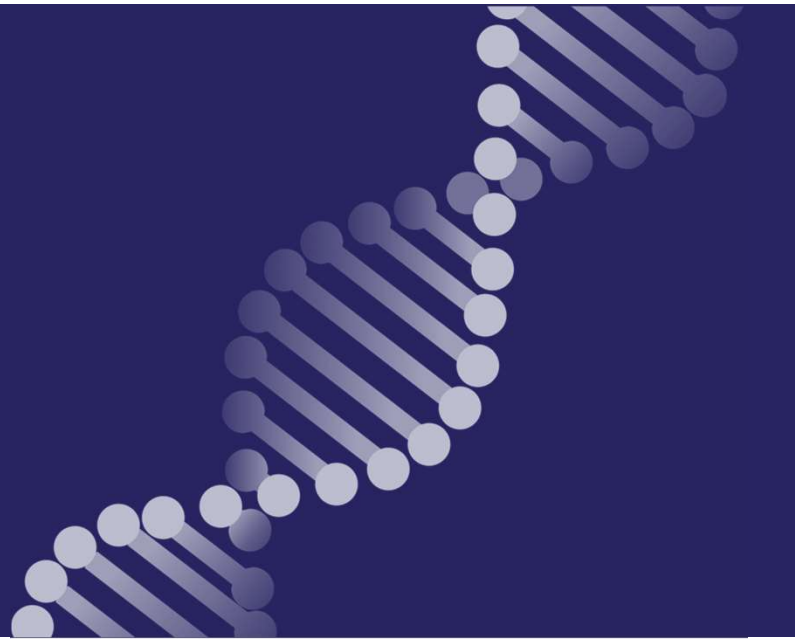
Investor presentation



June 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; the Company’s belief that it has multiple additional pipeline opportunities to drive further Company growth; the Company’s expected cash runway and statements about the Company’s financial position and projected key milestones; the Company’s belief that it has a competitive advantage; the Company’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 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, expansion potential, and uses for PRMT5 inhibitors, including vopimetostat and TNG456; the Company’s expectations regarding its PRMT5 inhibitors as compared to competitor molecules, including in terms of safety and tolerability and its belief that vopimetostat may have first- andbest-in-class potential; the anticipated milestones and timing for the Company’s drug programs (including registrational studies), including the timing for clinical trial initiation, enrollment, patient dosing, dose escalation, dose expansion, and clinical updates; of initial, interim, and final safety and efficacy or clinical activity data and results from clinical trial(s); the Company’s plans for the and timing of its monotherapy and combination trials, including the release of clinical data, for vopimetostat and TNG456, including with RAS(ON) inhibitors for vopimetostat and with abemaciclib for TNG456; the Company’s expectations regarding TNG456’s predicted brain exposure, penetrance, and efficacious range in clinical trials; the expected benefits of the Company's development candidates and other product candidates (including for combination studies);; potential combination strategies and uses for PRMT5 inhibitors, including vopimetostat and TNG456; the development and regulatory plans for the PRMT5 franchise (including future single agent and combination clinical trials); expectations regarding the benefits and success of collaborations and combination clinical trials; and the anticipated benefits of its current and future product candidates; expectations around TNG456’s clinical efficacy, including its potential to treat glioblastoma and expectations around the brain exposure required for clinical efficacy; the development and regulatory pathway for vopimetostat and TNG456. 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. Drug development, clinical trials and commercialization involve a high degree of risk, and only a small number of research and development programs result in commercialization of a product. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. 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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 assumptions. Finally, while Tango believes its internal research is reliable, such research has not been verified by any independent source.

TANGO therapeutics

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

Strong balance sheet + well funded to execute clinical development plan with **$380MM** in cash on hand

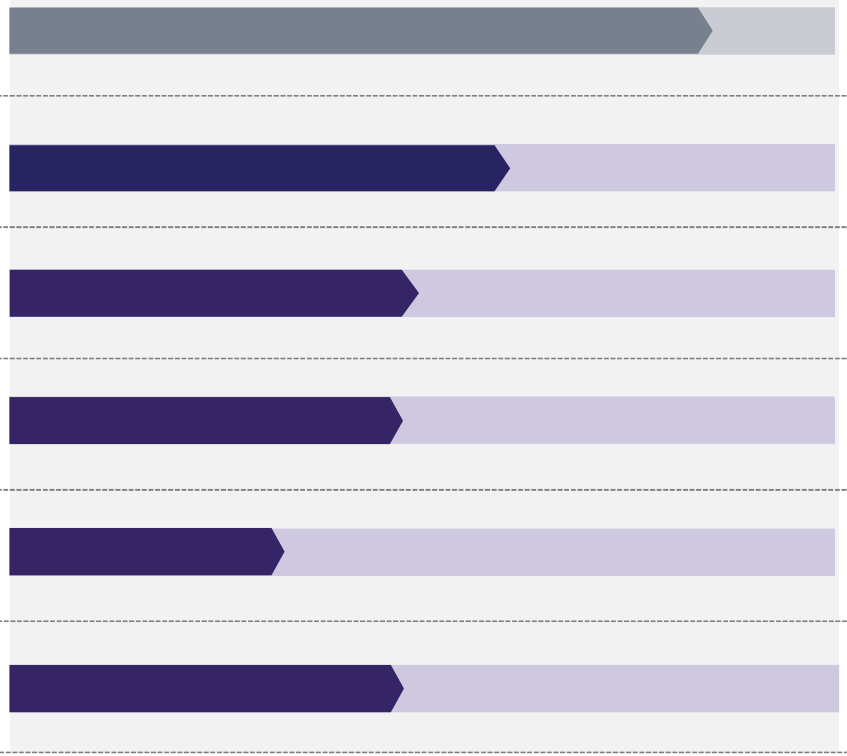
Compelling data for vopimetostat + RAS(ON) inhibitors supports development in **1L PDAC**

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
			PRE-CLINICAL / PHASE 1/2 / PHASE 3	
Vopimetostat	1L PDAC*	+ daraxonrasib		Study design to be finalized 2H 2026
	2L PDAC	+ daraxonrasib		Expansion of ongoing Phase 1/2 study
	PDAC, Lung	+ daraxonrasib + zoldonrasib		Additional data 2H 2026
	MTAP-del tumors	Monotherapy		Lung data 2H 2026
	PDAC, Lung	+ ERAS-0015		Study start 2H 2026
TNG456	Glioblastoma	Monotherapy		Phase 1/2 data in 2026



*Planned

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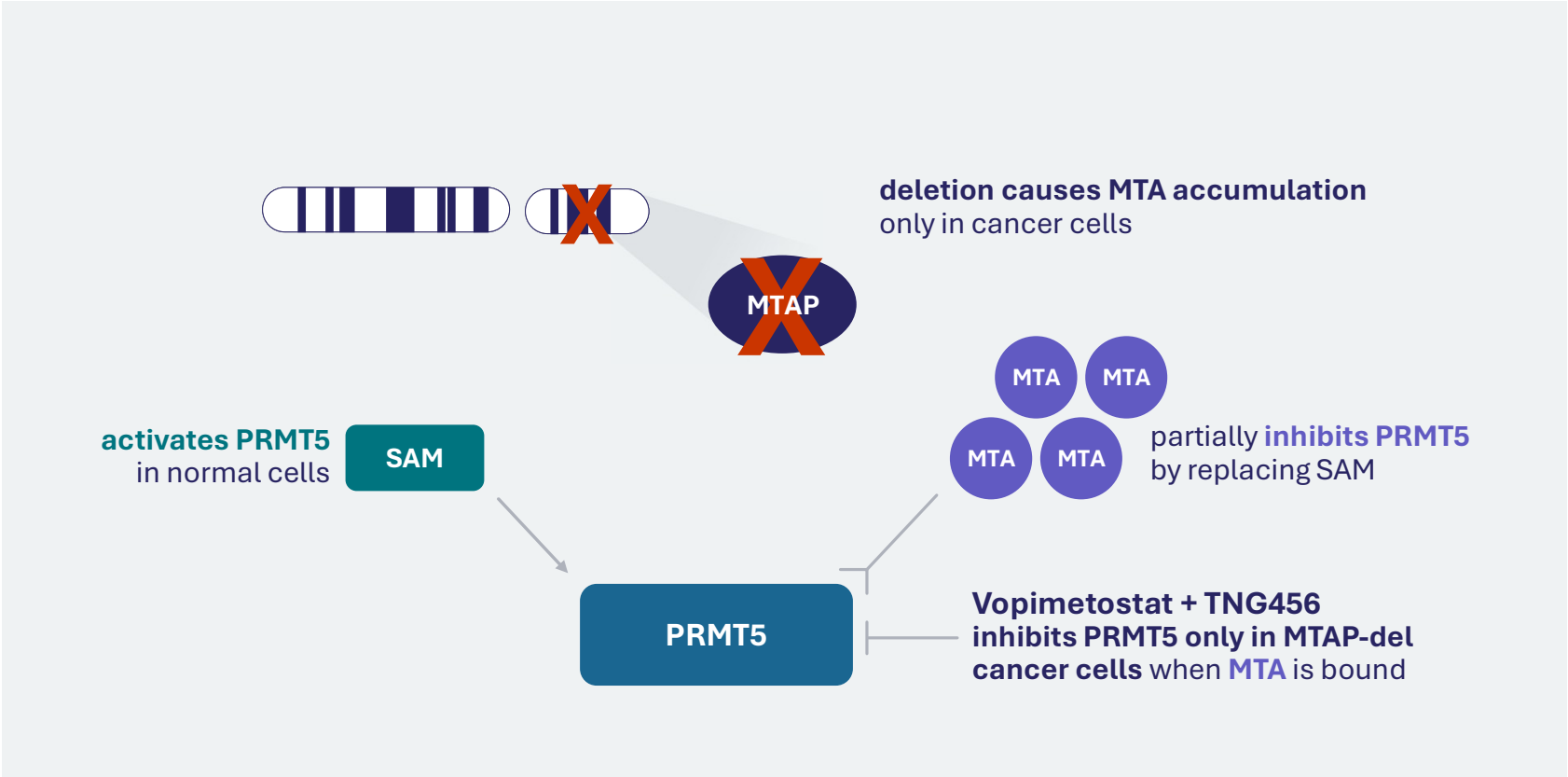
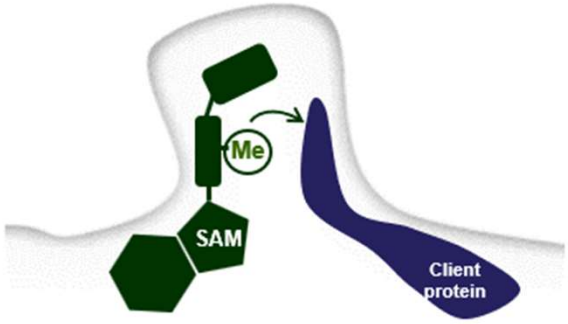
MTAP-del cancers are uniquely sensitive to PRMT5 inhibition



Vopimetostat and TNG456 selectively inhibit PRMT5 in MTAP-del cancers

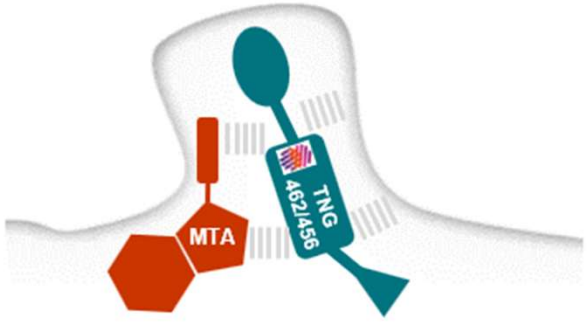
Normal cells



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)

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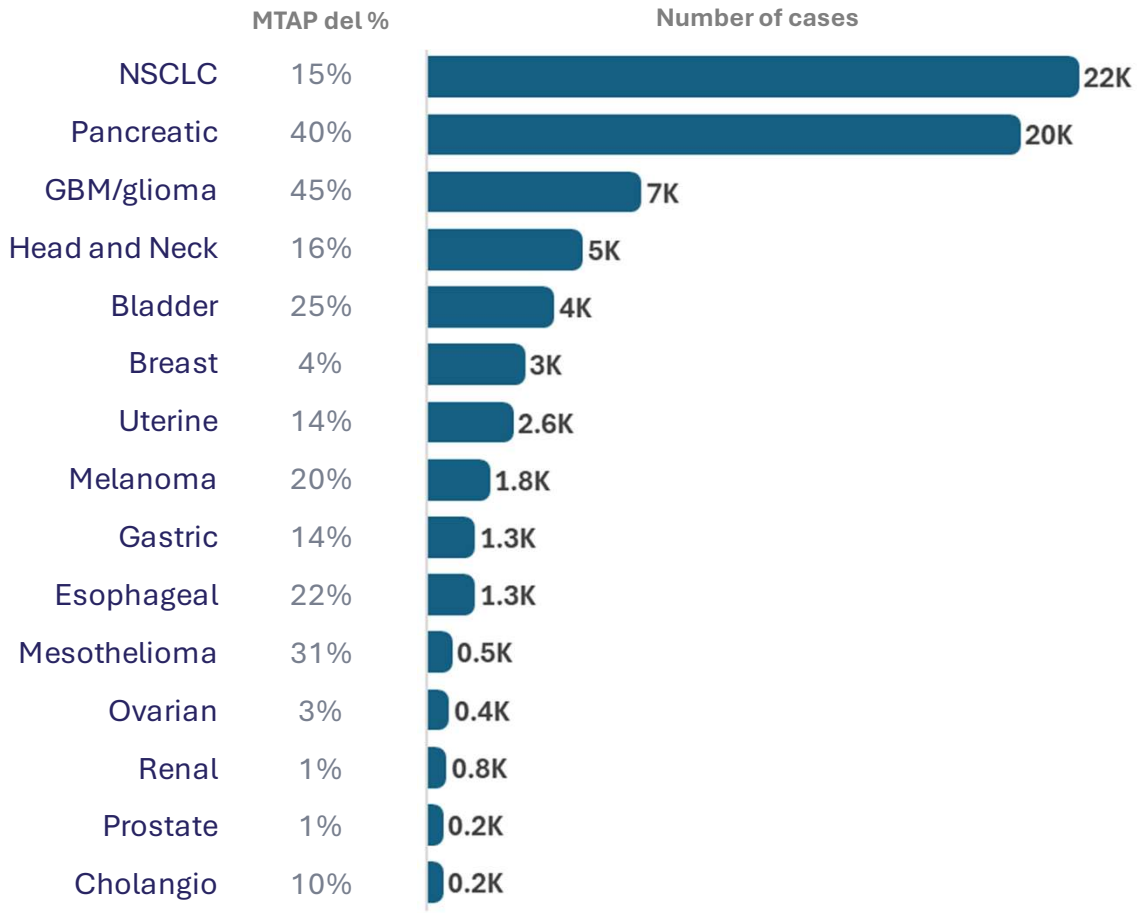
~60,000 patients with MTAP del metastatic cancers annually in the US



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.

TANGO therapeutics

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 2026

Potential for development in other tumor types

*Data extract 1 Sept 2025

Vopimetostat + RAS(ON) inhibitors

Evolution of standard of care for pancreatic cancer

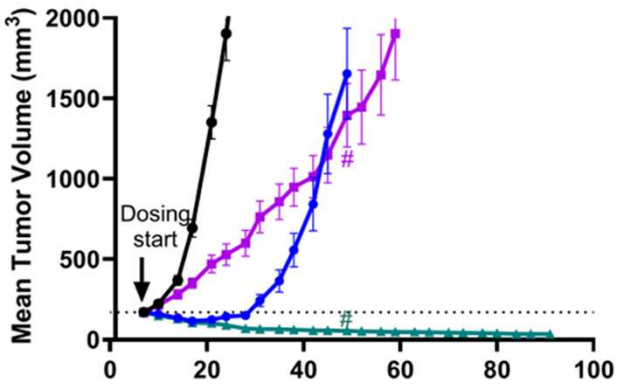
CHEMOTHERAPY	RAS INHIBITORS[1]	RAS INHIBITORS + PRMT5 INHIBITORS
Current standard; Limited efficacy	Improved response and durability	Increased response rate and prolonged durability
Today	*Emerging*	*Potential Next Generation*

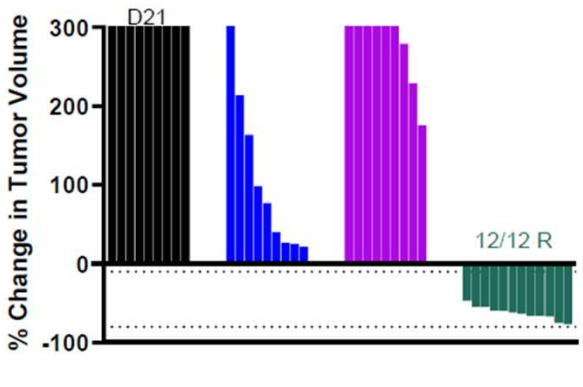
1. Wolpin et al. ASCO, 2026.

PRMT5 + RAS inhibition demonstrated preclinical synergy

In vivo model demonstrated striking combination efficacy

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





Vehicle

100 mpk QD RMC-9805

20 mpk QD BID TNG462

RMC-9805 + TNG462

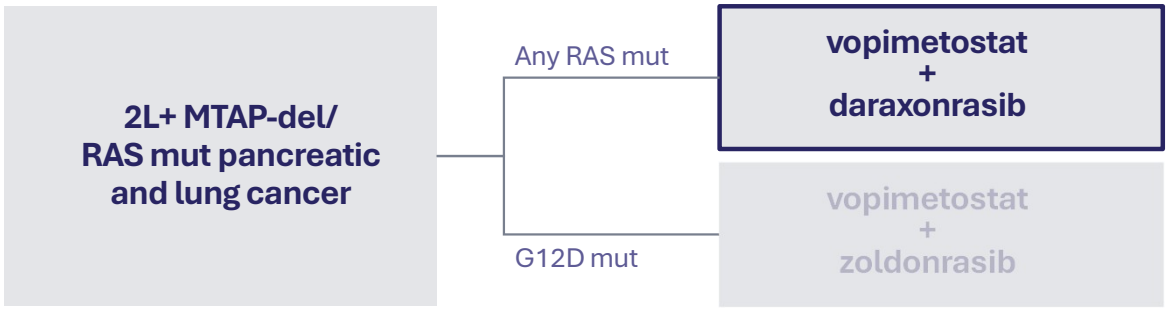
Key points

- KRAS inhibition + PRMT5 inhibition is synergistic in multiple preclinical models[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.

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	
ORR	92%
DCR	100%

- 9 cPR
- 2 uPR pending confirmation

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.

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

N=15	
ORR	93%
DCR	100%

- 12 cPR
- 2 uPR pending confirmation

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.

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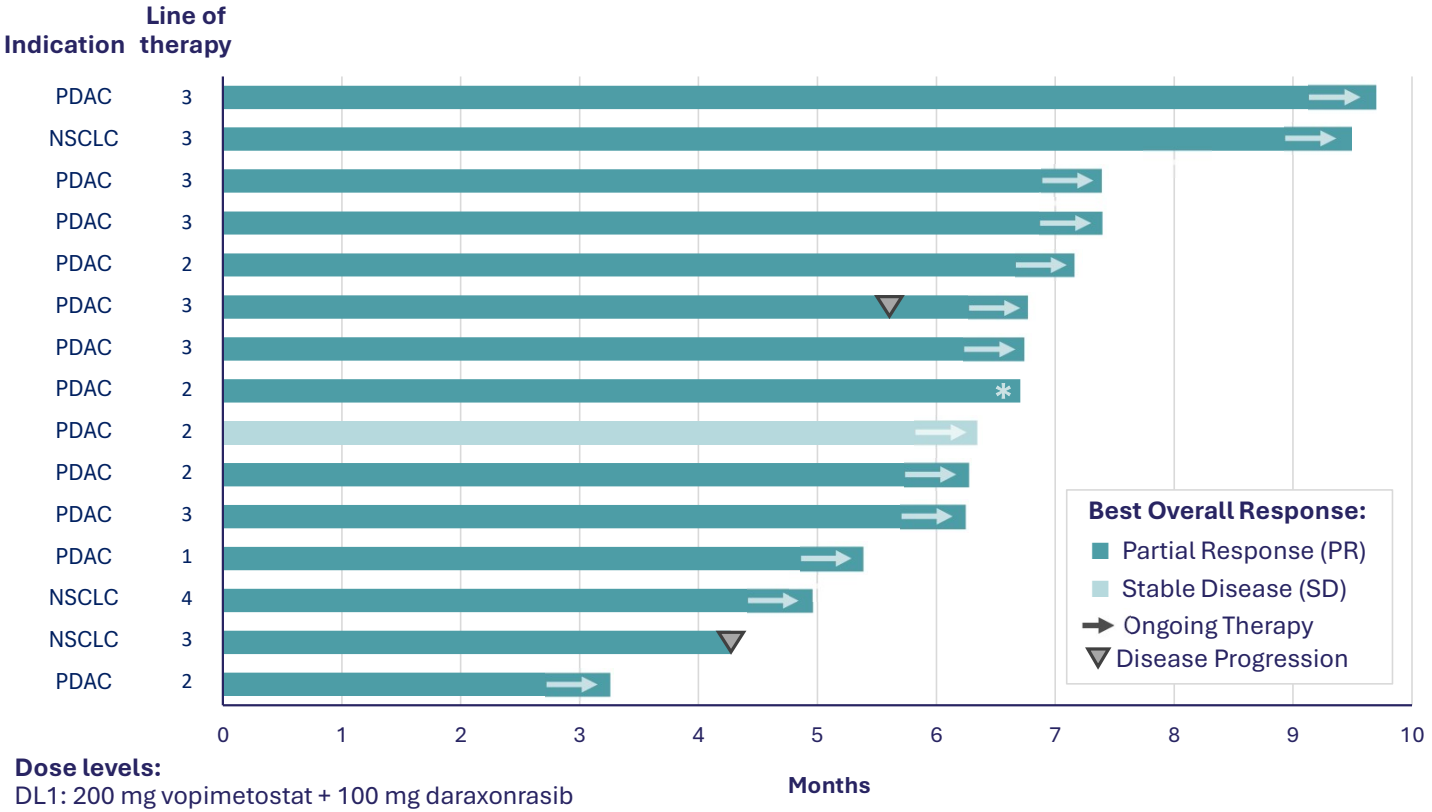
Encouraging durability with vopimetostat + daraxonrasib



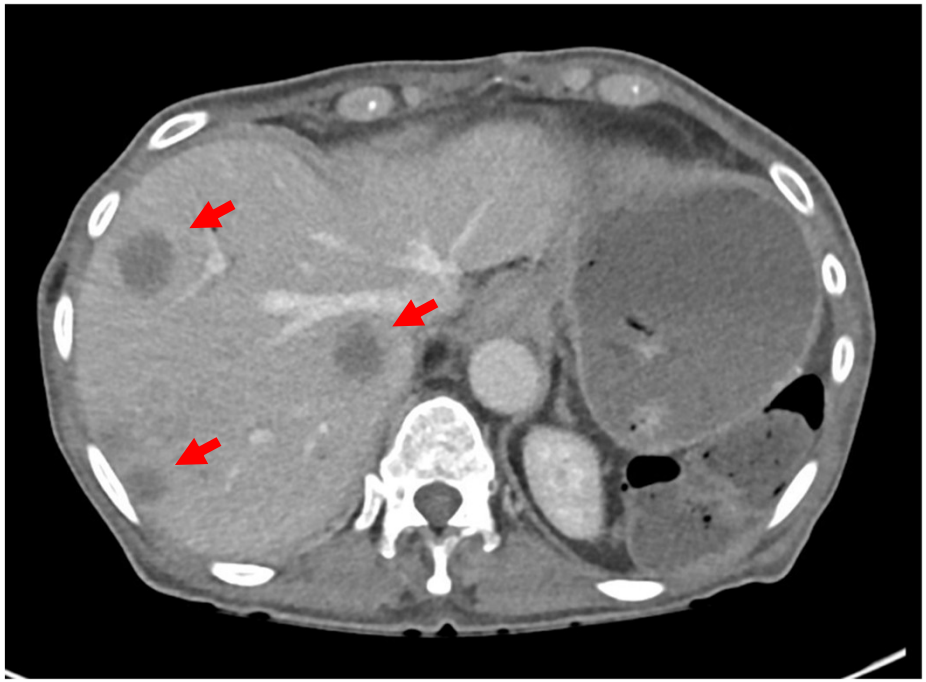
Dose levels:
DL1: 200 mg vopimetostat + 100 mg daraxonrasib
DL2: 250 mg vopimetostat + 100 mg daraxonrasib

Key Metrics

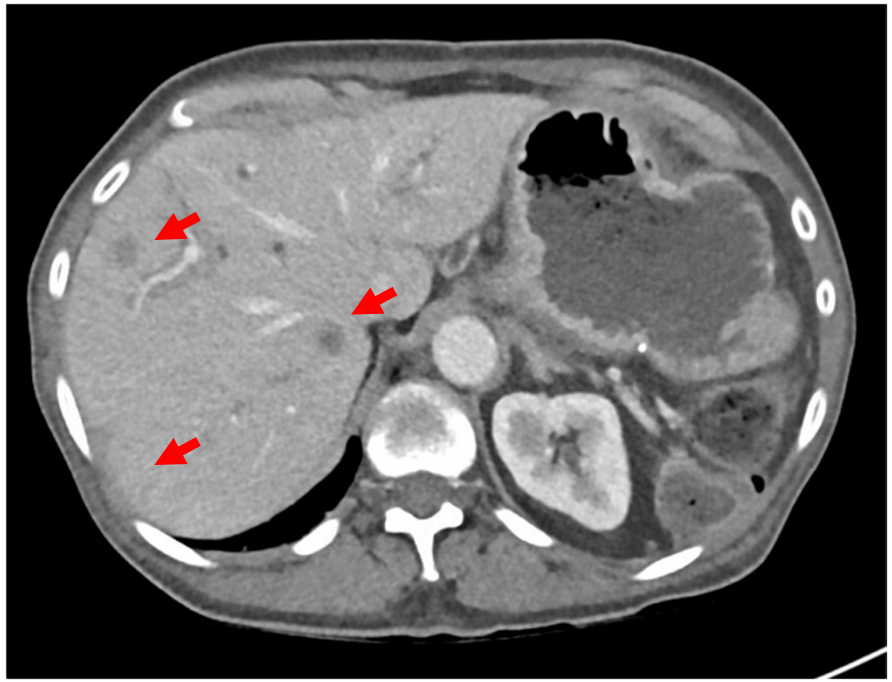
- Two disease progressions observed
- Longest treatment ~10 months, ongoing
- Median PFS NR (NE-NE)
- 90% 6-month PFS rate in PDAC (95% CI: 47-99)
- 50% of PDAC patients are 3L
- Patients not yet efficacy evaluable (n=9) are all ongoing with no disease progression

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.

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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.

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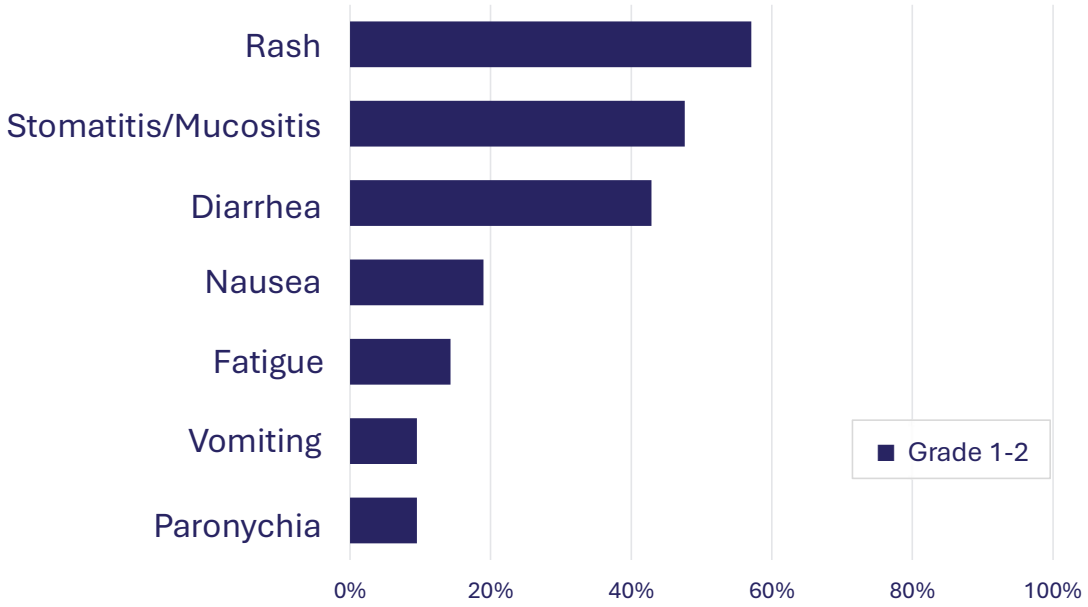
Vopimetostat + daraxonrasib has favorable RAS associated safety profile

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

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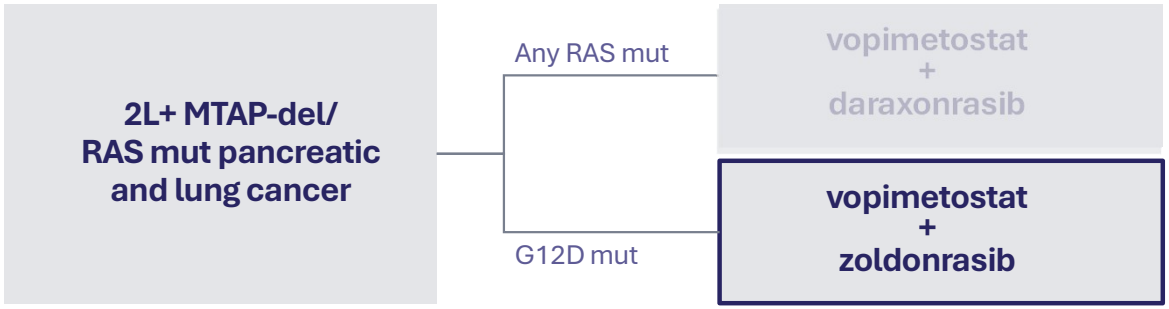
First PRMT5 inhibitor combined with RAS inhibitors in the clinic

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.

TANGO therapeutics

Vopimetostat + zoldonrasib was generally well tolerated

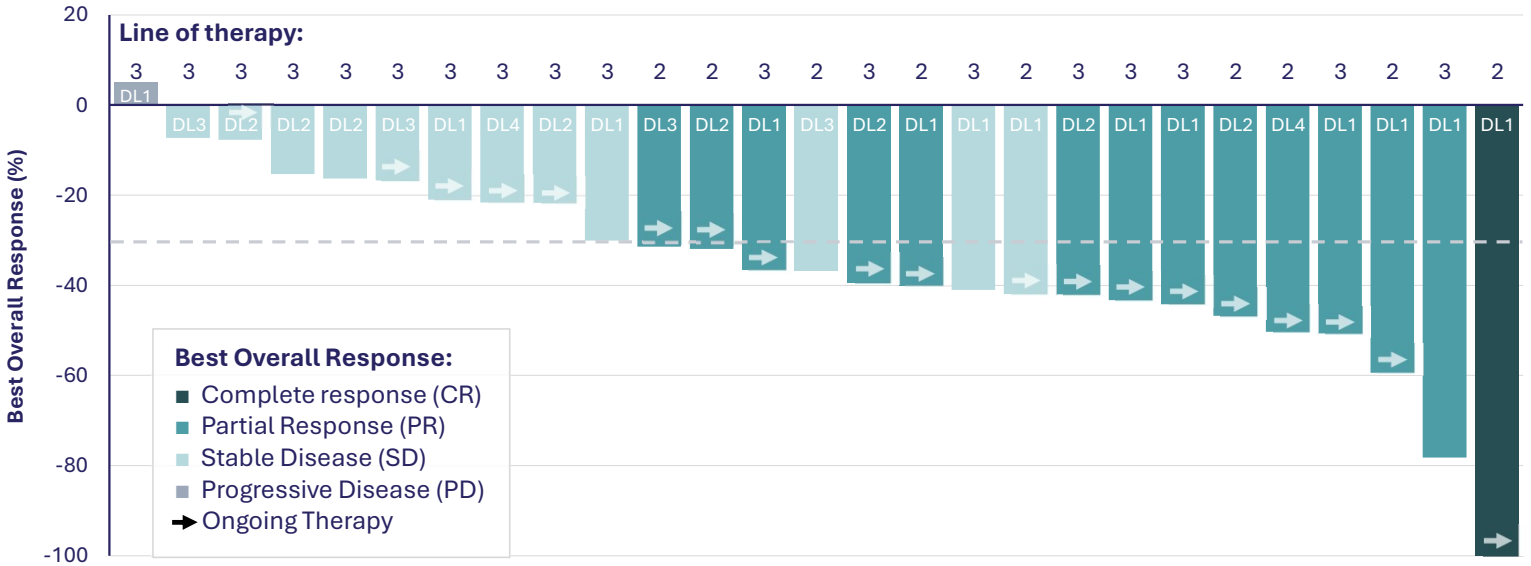
	All dose levels vopimetostat + zoldonrasib N=34	
	All grades	**Grade 3**
TRAEs ≥15%		
Patients with any event	28 (82)	9 (26)
Anemia	8 (24)	6 (18)
Nausea	12 (35)	-
Vomiting	12 (35)	-
Rash (all grade 1)	8 (24)	-
Diarrhea	7 (21)	1 (3)
Fatigue	7 (21)	-
Dysgeusia	6 (18)	-

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



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

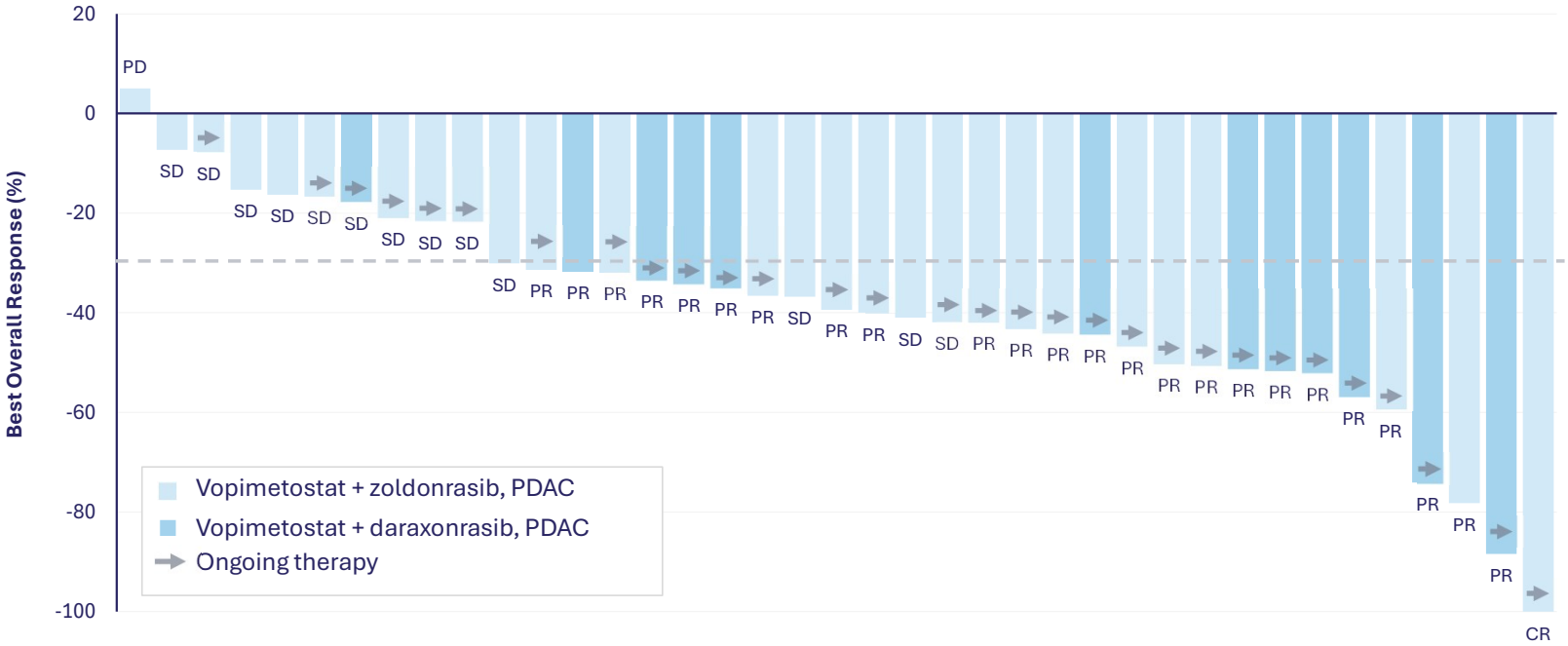
N=27	
ORR	52%
DCR	96%

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

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

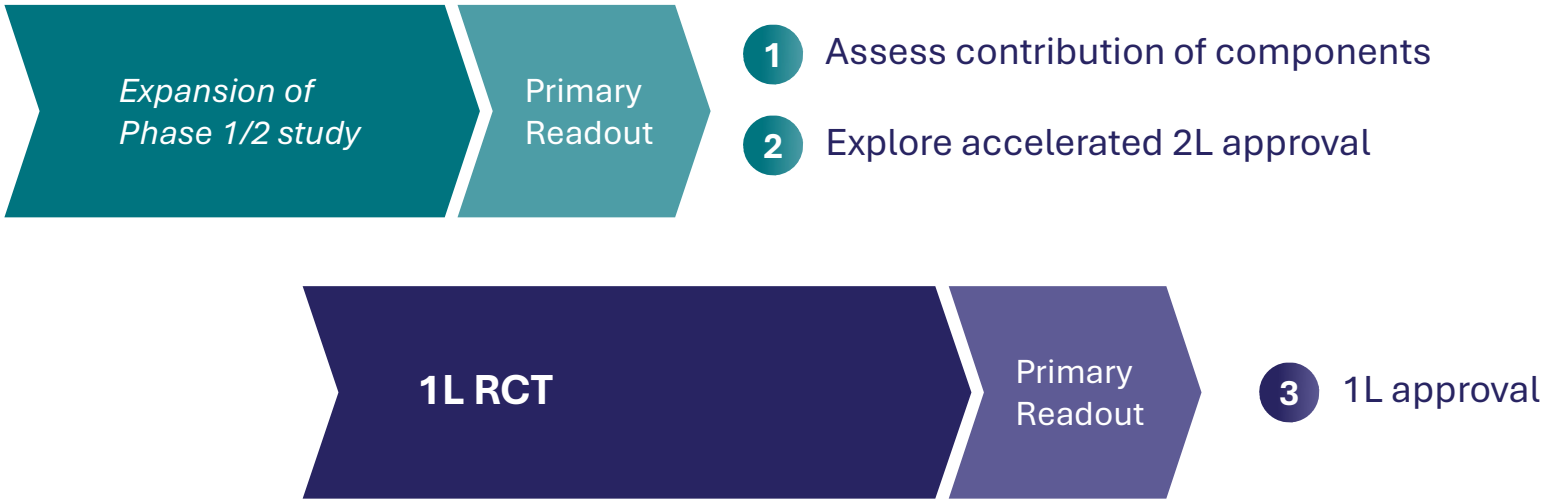
Combined ORR 64% in 2/3L PDAC demonstrates clinical synergy of vopimetostat + RAS(ON) inhibition



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.

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

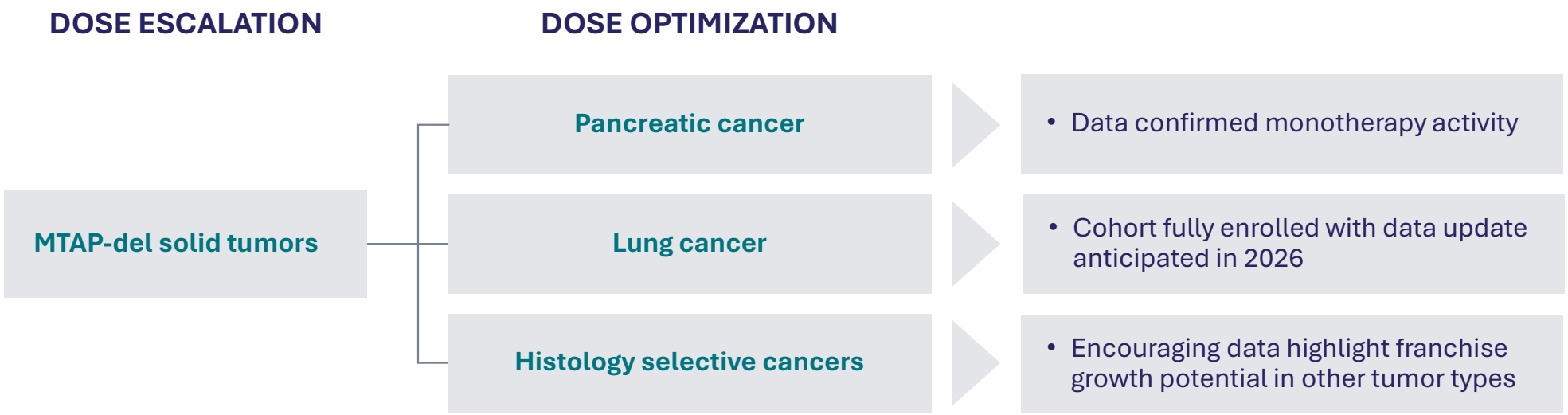


Plan to engage global regulatory authorities to share Phase 1/2 data and discuss registration strategy

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

Vopimetostat monotherapy

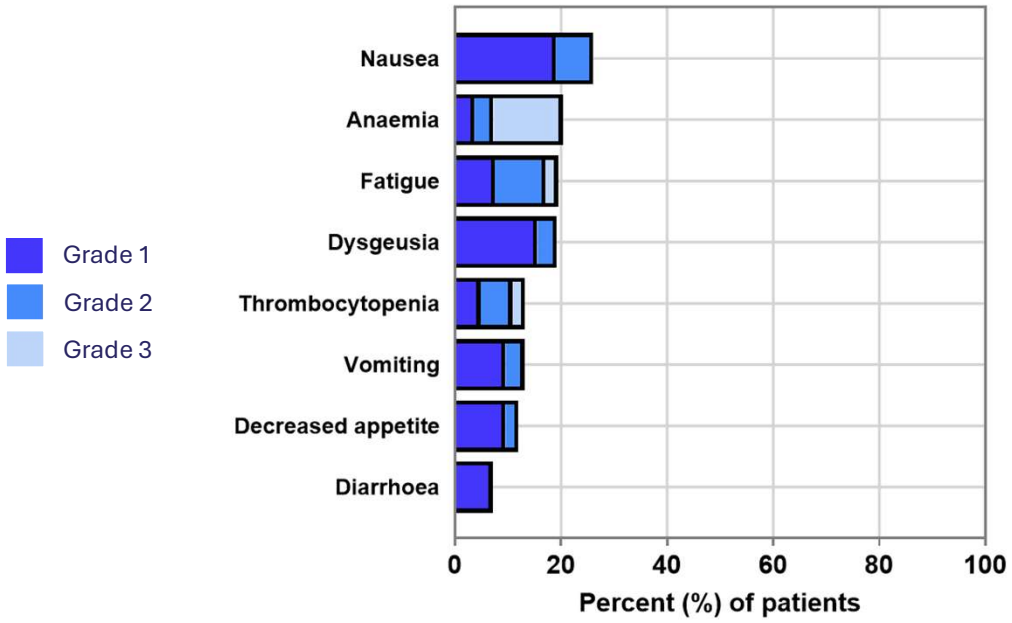
Vopimetostat monotherapy phase 1/2 study



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

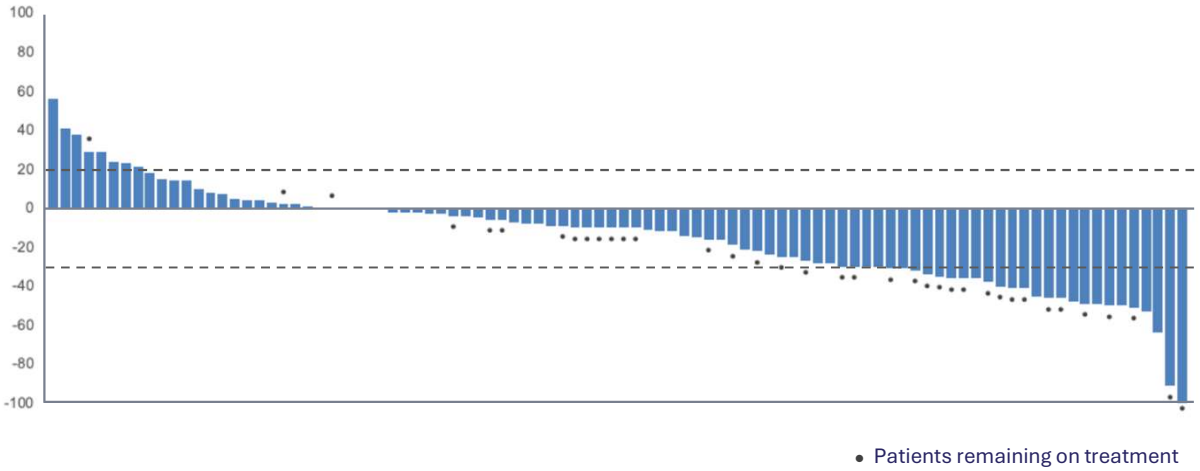
- Median follow-up 6.1 months
- 8% dose reduction
- 0% discontinuation for related events*
- No grade 4-5 related events
- Low grade GI side effects

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

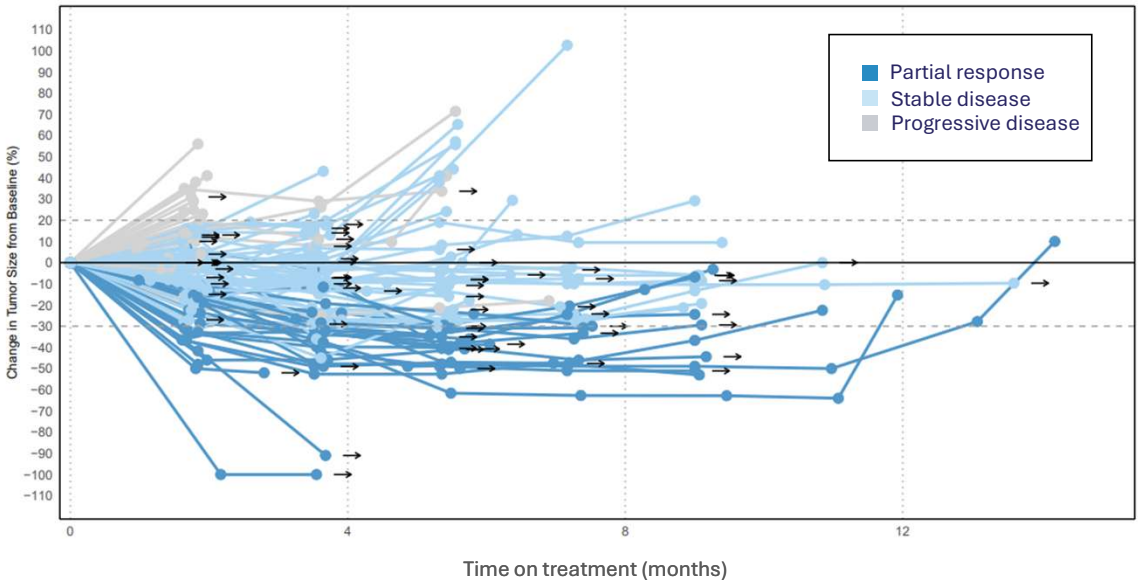
Data extract 1 Sept 2025.

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.

TANGO therapeutics

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

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

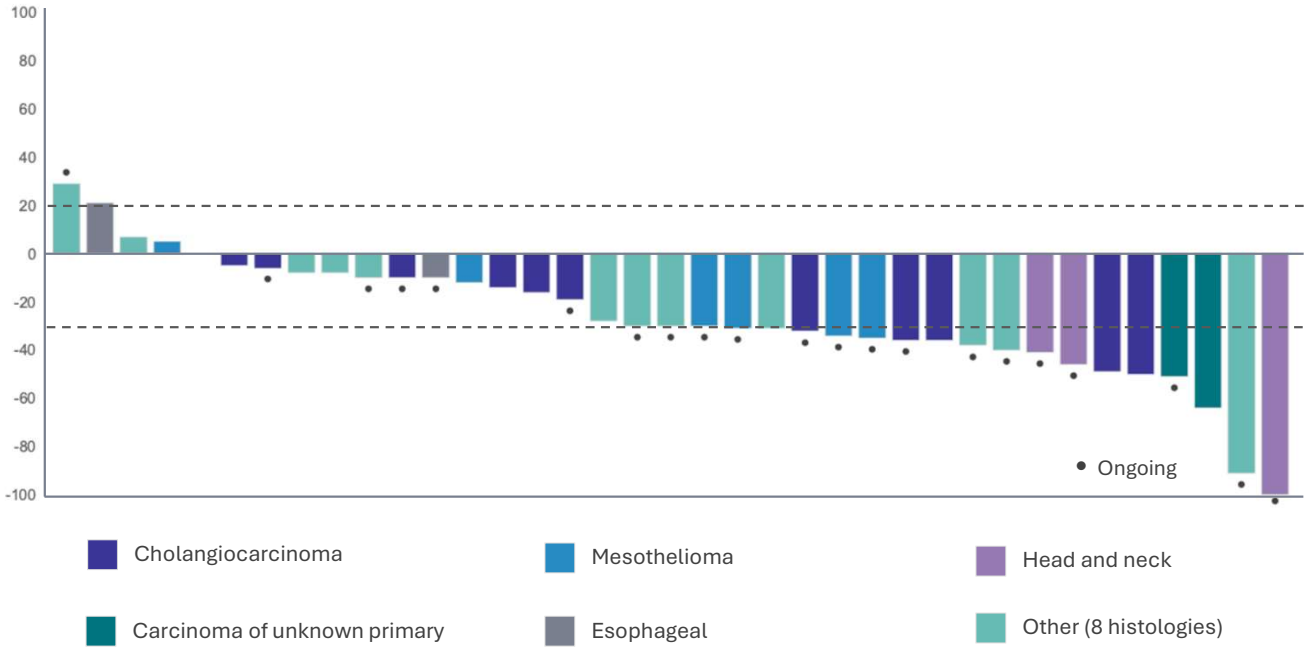
Fully enrolled, emerging data consistent with expectations
Update planned 2026

Data extract 1 Sept 2025
*Includes two patients enrolled at 160 mg QD

TANGO therapeutics

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

PRMT5 inhibition in MTAP-deleted cancers

TNG456 is a next-generation CNS-penetrant PRMT5 inhibitor

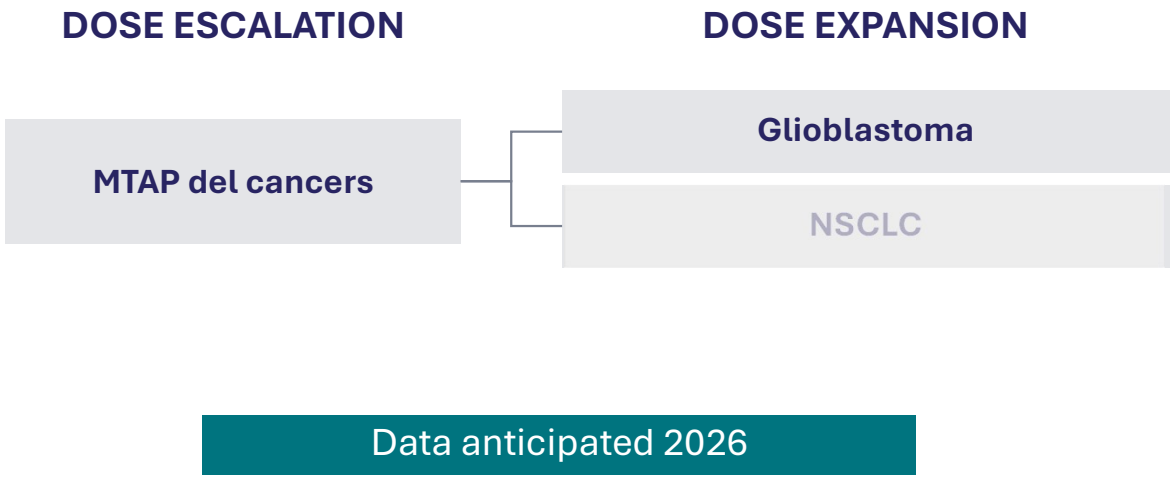
Preclinical brain penetrance provides potential to address high unmet need in glioblastoma

- Predicted brain exposure well above efficacy threshold
- In development for MTAP-del glioblastoma (7,000 patients/yr US)[1]
- 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%[2]

	Potency	MTAP selectivity	Predicted CNS exposure
TNG456	**20 nM**	**55X**	**0.5-1X plasma**
Vopimetostat	4 nM	45X	-

1. SEER;CBTRUS

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



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

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

$1.03B cash and investments as of June 12, 2026*
Cash runway into 2030

PDAC, pancreatic ductal adenocarcinoma.
*Financial information is unaudited; cash balance reflects March 31, 2026 cash and cash investments pro forma following June 2026 capital raise

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