Determined to realize a future in which people with cancer live longer and better than ever before



4Q19 EARNINGS PRESENTATION | MARCH 2020

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Syndax pipeline addresses key areas of unmet need in cancer

Entinostat
Class I
HDAC Inhibitor
Breast Cancer

SNDX-5613 Menin inhibitor Leukemias Axatilimab*
anti-CSF1R mAb
Chronic GVHD

- Targeting endocrine therapy resistance in HR+ met breast cancer
- Ph3 data expected 2Q20
- Potential approval 2Q21

- Targeting Acute
 Leukemias
- Recent publications in Cancer Cell and Science endorse rationale for treating MLLr, NPM1 mut
- Ph1 data expected 4Q20

- Targeting macrophage driven diseases
- Clinical proof-ofconcept for chronic GVHD achieved
- Ph1 data expected 4Q20

* recently granted generic name for SNDX-6352

Phase 3 E2112: Focused on overall survival

E2112: Exemestane +/- entinostat

Advanced HR+
HER2- BC following
SOC progression

Randomized, blinded

Exemestane
+ placebo
(n=300)

Primary endpoint: OS









E2112 Trial Assumptions

80% power to detect HR = 0.75

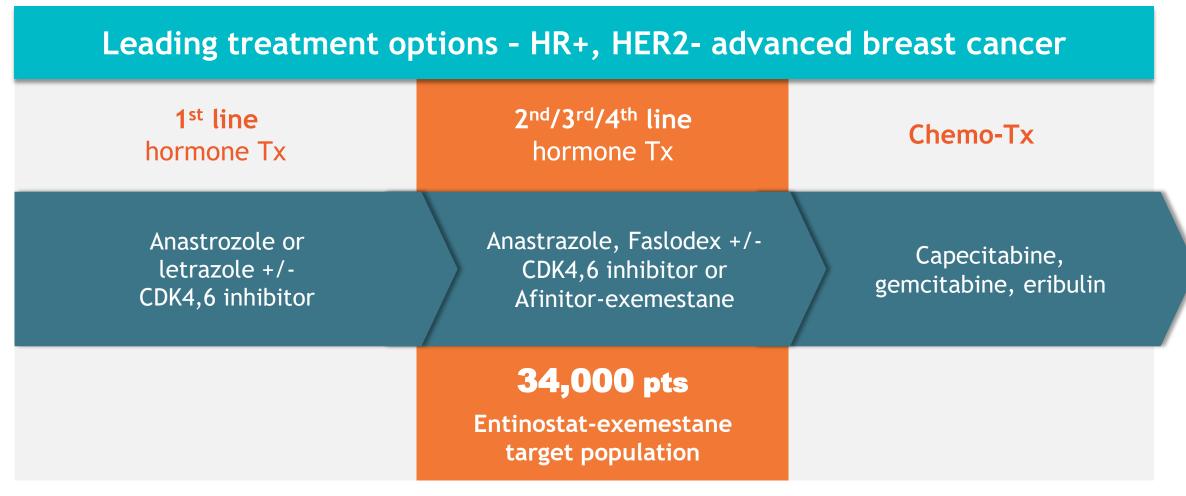
Minimal HR detectable = 0.82

Equates to a clinically meaningful risk reduction and ~5 mo mOS benefit

2Q20: Final OS analysis anticipated

A positive OS result allows filing for full regulatory approval

Blockbuster potential as 2nd/3rd line agent



US commercial launch preparation underway

Source: Kantar 2019 Breast cancer Epidata; IQUVIA Monthly treatment report (2018)



Recent market research with US and EU physicians demonstrated favorable reaction to entinostat TPP

Attribute		Key Feedback	
Indication	(4)	• High unmet need in 2L, especially after CDK 4/6 treatment	
Mechanism of Action	Ø	 Re-sensitization to endocrine therapy seen as positive, providing rationale for other entinostat ET combinations 	
Efficacy	Ø	OS benefit viewed as most important efficacy measure;Positive QoL benefit could offset smaller PFS benefit	
Route of Administration		 Oral administration reduces cost and burden of hospital visits 	
Safety & Tolerability	Ø	AE profile viewed as favorable vs SOC and alpelisib	

Source: 2019 HR+/HER2- breast cancer Physician market research

SNDX-5613: Breakthrough targeted therapy for acute leukemia

Advantages

Strong target validation

Precise patient selection

Big effect in small studies

Molecular markers of disease status

Rapid regulatory path



Contents

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Journals

CANCER

Therapeutic targeting of preleukemia cells in a mouse model of *NPM1* mutant acute myeloid leukemia

Hannah J. Uckelmann^{1,2}, Stephanie M. Kim^{1,2}, Eric M. Wong^{1,2}, Charles Hatton^{1,2}, Hugh Giovinazzo^{1,2}, Jayant Y. Gadrey^{1,2}, Andrés Y. Krivtsov^{2,2}, Frank G. Rücker², Konstanze Döhner², Gerard M. McGeehan⁴, Ross L. Levine², Lars Bullinges^{2,4}, George S. Vassisliou^{2,5} Scott A. Amstronge^{2,2,5}

The initiating mutations that contribute to cancer development are sometimes present in premalignan cells. Whether therapies targeting these mutations can eradicate premalignant cells is unclear. Acute myeloid leukemia (AML) is an attractive system for investigating the effect of preventative treatment

because this disease is often preceded by a prosyndrome). In **Implic**DramtSa mutant knock-in by a period of extended myeloid progenitor cell p in be reversed by oral administration of a st mutatic complex. These preclinical results so Sping AML might benefit from targeted et

eloid leukemia (AML) is one of common types of AML (1-3). e its high prevalence, the me of leukemogenesis is still po and targeted therapy option NPM1 gene mutations (NPM1c asmic localization of NPM1 and or ith other mutations in genes ethultransferase 3A (DNMT3A^B ukemias express a distinctive s gene expression pattern that inclu sox cluster A and B (HOXA/B) g eir DNA-binding cofactor MEIS1 (5 mpartment, often long before the devel ment of leukemia, a condition often refer to as clonal hematopolesis of indetermination potential (CHIP) (9). NPM1 mutations are for reloid cells in AML but are absent from m cell and lymphoid compartments (9, l in myeloid progenitors as a crit the development of AML and that progenitor self-renewal may rej

> Findshire Oncology, Danie Father Cancer, Dissission of Hematology (Pocalogy, Boston, Uniteres's Heaptal and Harvard Medical Mar. USA: "Department of Internal Medicine State of Ulm, Ulm, Chermany, "Syndase Is, inc., Watham, MA, USA. "Center for the Canada State of Canada (Canada State of Canada State o

clude that Nym le supports the inappropriate expression of genes associated with normal stem cell self-renewal, such as Hoxn/b cluster genes, throughout myeloid differentiation.

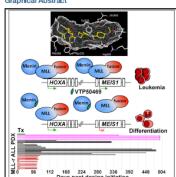
We next investigated whether *Nymic* can induce stem cell-associated gene expression de novo in committed progenitor cells, which lack self-enewal and have low levels of *Hose and Meiols* expression. For this, we sorted Crenegative *Nymic*, *Dumtis*, and *Nymic/Dimutis*, and *Mymic/Dimutis* and *Hose in Spanial List* cells and then used retroviral Cre overexpression to induce the mutant GMPs and ledles in vitro (Fig. 1C.). *PmnIc* expression induced *Hosard* expression in GMPs in vitro, suggesting that the *Nymic-driven* stem

Article

A Menin-MLL Inhibitor Induces Specific Chromatin Changes and Eradicates Disease in Models of *MLL*-Rearranged Leukemia

Graphical Abstract

Cancer Cell



II . _ .

Krivtsov et al. develop a selective and orally bioavailable small-molecule inhibitor targeting the Menin-MLL interaction, which suppresses a subset of MLL fusion target genes and significantly improves survival in PDX models of MLLrearranged leukemia.

Andrei V. Krivtsov, Kathryn Evans,

scott_armstrong@dfci.harvard.edu

Gerard M. McGeehan, Richard B. Lock

Jayant Y. Gadrey, ...,

Correspondence

Highligh

- A selective, orally bioavailable Menin-MLL inhibitor, VTP50469, is developed
- Displacement of Menin from chromatin leads to loss of MLL from specific loci
- Treatment with VTP50469 leads to suppression of a subset of MLL fusion target genes
- Treatment with VTP50469 improves survival in PDX models of MLL-r ALL.

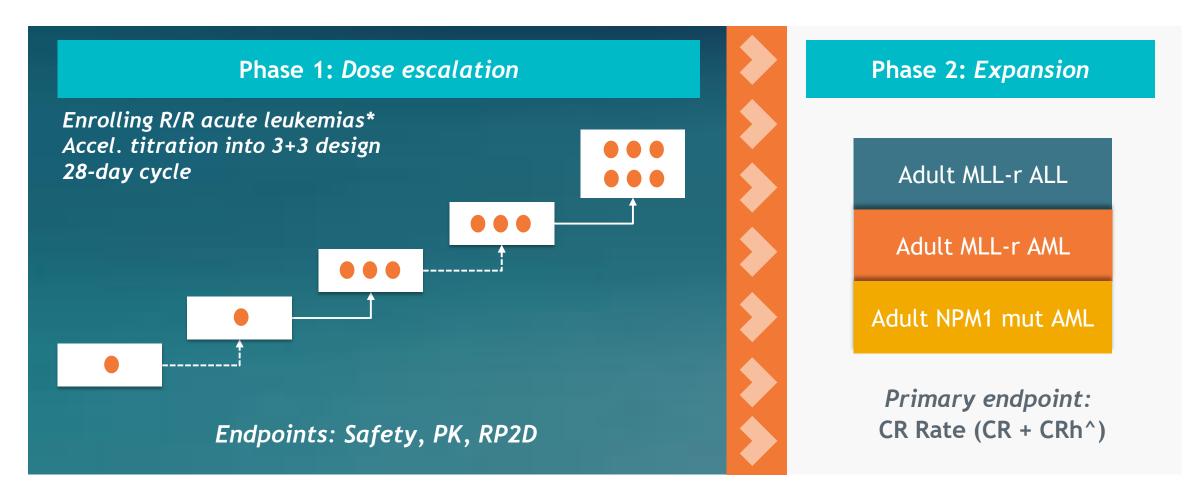


Krivtsov et al., 2019, Cancer Cell 36, 660–673 December 9, 2019 © 2019 Elsevier Inc. https://doi.org/10.1016/j.ccell.2019.11.001





AUGMENT-101: Phase 1/2 trial of SNDX-5613 in patients with acute leukemia



^{*} Unselected population; ^ CR = Complete response, CRh = Complete response with partial hematologic recovery; MLL-r - mixed lineage leukemia rearranged; NPM = nucleophosmin

Axatilimab: CSF-1R monoclonal antibody

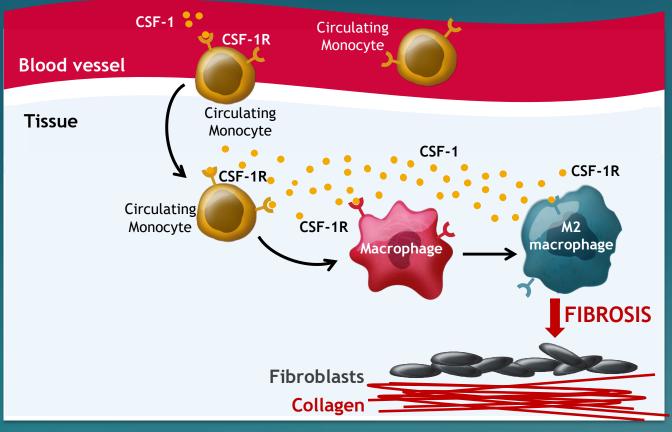
cGVHD develops in 40% of HSCT^{1,2}

• US prevalence ~14,000²

Pre-clinical evidence suggest CSF-1-dependant macrophages mediate cGVHD³

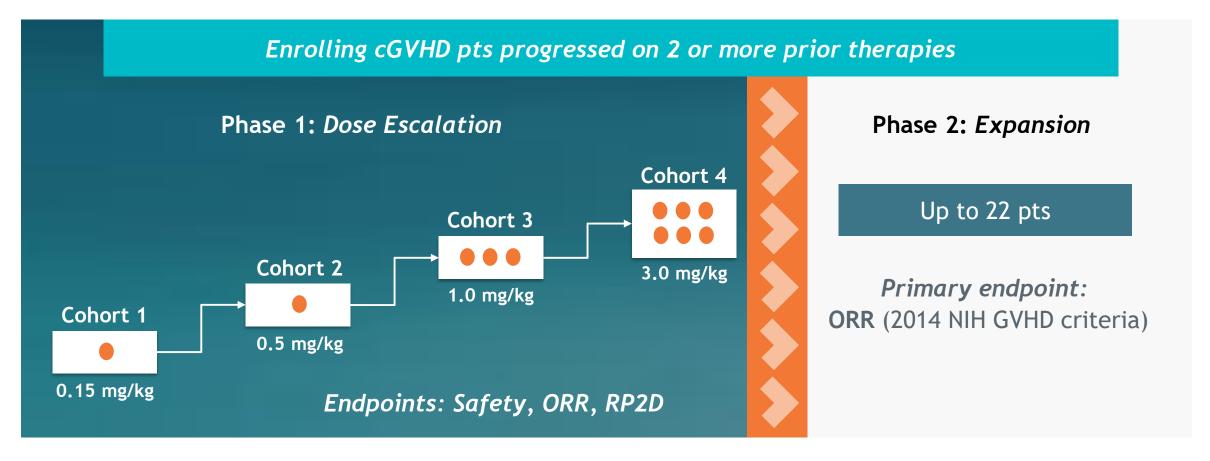
Phase 1/2 trial enrolling; data 2H20

Signaling through CSF-1R may play a meaningful role in the management of chronic GVHD



Source: 1. SmartAnalyst 2017 SmartImmunology Insights chronic GVHD report. 2. Bachier, CR. et al. ASH annual meeting 2019; abstract #2109 Epidemiology and Real-World Treatment of cGVHD Post Allogeneic HSCT: A U.S. Claims Analysis.; 3.Alexander, KA et al., J Clin Invest. 2014;124(10):4266-4280. Figure Adopted from MacDonald, K.P.A. et al., BLOOD, 5 (129) 13-21; HSCT - Hematopoietic stem cell transplantation

Axatilimab designed to identify optimal Phase 2 dose







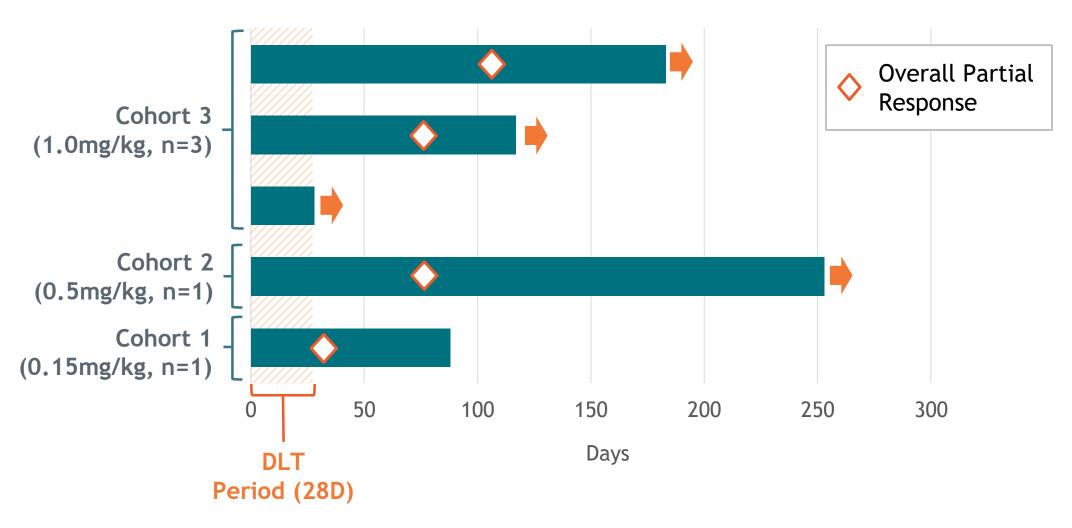




University of Minnesota

Driven to Discover[™]

Responses observed in all evaluable patients*



*As of Dec 2019

First evidence of CSF-1R inhibition inducing responses in cGVHD

- Patient experienced chronic condition unresponsive to prior therapies
- Treatment with 1mg/kg Q2W axatilimab led to significant improvement in ulceration



Proven ability to build the pipeline

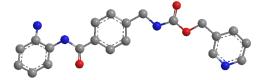
Established relationships enhance identification and access to quality assets

Clinical development leadership enables competitive advantage

Business development continues to be a core strength of our business

From Bayer

Entinostat



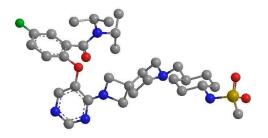
From UCB

Axatilimab



From: Allergan/Vitae

Menin-MLL inhibitors



Financial highlights and 1H 2020 financial guidance

1Q20: Raised \$35 million at a 20% premium to market, closed on \$20 million debt

Ticker	SNDX (NASDAQ)				
Cash and short-term investments (at Dec 31, 2019)	\$60 million				
Cash proceeds from Q1 2020 offering and debt	\$55 million				
Shares Outstanding* (at Mar 3, 2020)	36 million				
1H 2020 Operating Expense Guidance**					
	1Q 2020	2Q 2020			
Research and Development	\$12-13 M	\$13-14 M			
Total Operating Expenses^	\$17-18 M	\$18-19 M			

^{*} Includes 30.2 million common shares and pre-funded warrants to purchase 5.8 million common shares

^{**} Financial guidance for 2H 2020 will be issued following results of the E2112 trial

[^] Includes \$3 million non-cash stock compensation expense for 1H 2020

Key upcoming milestones

ENTINOSTAT (Class 1 specific HDAC inhibitor)	1Q20	2Q20	3Q20	4Q20
E2112 - Final Overall Survival analysis expected				
SNDX-5613 (Menin inhibitor)	1Q20	2Q20	3Q20	4Q20
Data presentation from AUGMENT-101 trial (in R/R acute leukemias)				
Axatilimab (anti-CSF-1R mAB)		2Q20	3Q20	4Q20
Data presentation from Phase 1/2 chronic GVHD trial				

