

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



1Q20 EARNINGS PRESENTATION

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Syndax pipeline addresses key areas of unmet need in cancer

Entinostat
Class I
HDAC Inhibitor
Breast Cancer

- Targeting endocrine therapy resistance in HR+ met breast cancer
- Ph 3 data expected 2Q20
- Potential approval 2Q21

SNDX-5613
Menin Inhibitor
Leukemias

- Targeting acute leukemias
- Ph 1 data provides initial clinical evidence of efficacy
- Ph 1 data expected 4Q20

Axatilimab
anti-CSF1R mAb
Chronic GVHD

- Targeting macrophage driven diseases
- Clinical POC for chronic GVHD achieved
- Ph 1/2 data expected 4Q20

Phase 3 E2112: Focused on overall survival

E2112: Exemestane +/- entinostat



Primary endpoint: OS



E2112 Trial Assumptions

80% power to detect HR = 0.75

Minimal HR detectable = 0.82

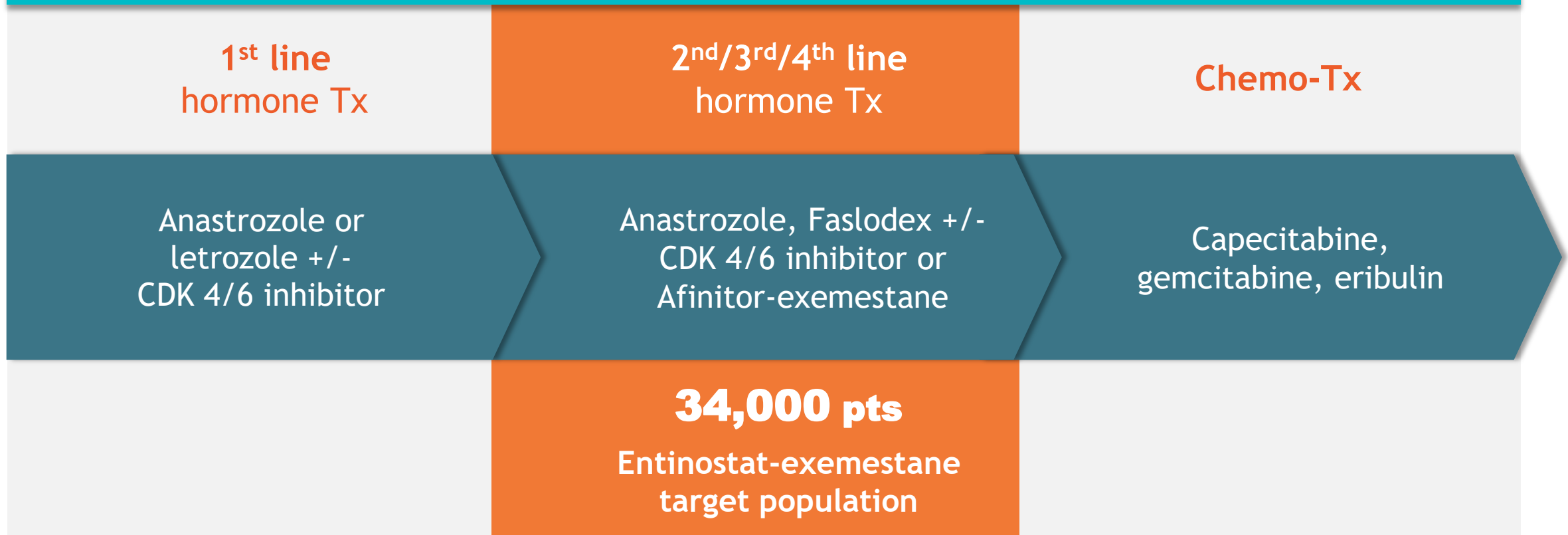
Equates to a clinically meaningful risk reduction and ~5 mo mOS benefit

2Q20: Final OS analysis anticipated

A positive OS result allows filing for full regulatory approval

Blockbuster potential as 2nd/3rd line agent






Leading treatment options - HR+, HER2- advanced breast cancer



U.S. commercial launch preparation underway

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

Recent market research with U.S. and EU physicians demonstrated favorable reaction to entinostat TPP

Attribute		Key Feedback
Indication		<ul style="list-style-type: none">• High unmet need in 2L, especially after CDK 4/6 treatment
Mechanism of Action		<ul style="list-style-type: none">• Re-sensitization to endocrine therapy seen as positive, providing rationale for other entinostat -- ET combinations
Efficacy		<ul style="list-style-type: none">• OS benefit viewed as most important efficacy measure;• Positive QoL benefit could offset smaller PFS benefit
Route of Administration		<ul style="list-style-type: none">• Oral administration reduces cost and burden of hospital visits
Safety & Tolerability		<ul style="list-style-type: none">• 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

Potential for rapid regulatory path



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 Hutton^{1,2}, Hugh Giovino^{1,2}, Jayant Y. Gadrey^{1,2}, Andrei V. Krivosov^{1,2}, Frank G. Rücker³, Konstanze Döhner³, Gerard M. McGeehan⁴, Ross L. Levine⁵, Lars Bullinger⁶, George S. Vassiliou⁷, Scott A. Armstrong^{1,2,*}

The initiating mutations that contribute to cancer development are sometimes present in premalignant 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 preleukemic syndrome). In *Npm1c/Dnm13a* mutant knock-in mice, the disease can be reversed by oral administration of a small molecule inhibitor of the corepressor complex. These preclinical results suggest that AML might benefit from targeted epigenetic therapy.

leukemia (NPM1) is one of the most common types of acute myeloid leukemia (AML) is one of the most common types of AML (1-3). Due to its high prevalence, the mechanism of leukenogenesis is still poorly understood and targeted therapies are not available.

NPM1 gene mutations (NPM1c) are the most frequent mutations in AML and are localized in the NPM1 and 5'UTR of other mutations in the NPM1 gene, including the *ethylnitrosourea* 34 (NPM1c34) mutation. NPM1c34 leukemias express a distinctive set of genes, including the *myeloid* gene expression pattern that includes *CD11b*, *CD13*, *CD34*, *CD45*, *CD56*, *CD58*, *CD64*, *CD117*, *CD123*, *CD135*, *CD138*, *CD146*, *CD151*, *CD155*, *CD158*, *CD166*, *CD184*, *CD188*, *CD191*, *CD198*, *CD200*, *CD226*, *CD248*, *CD268*, *CD271*, *CD274*, *CD281*, *CD284*, *CD290*, *CD296*, *CD302*, *CD309*, *CD318*, *CD326*, *CD334*, *CD349*, *CD350*, *CD354*, *CD359*, *CD368*, *CD371*, *CD374*, *CD377*, *CD384*, *CD396*, *CD401*, *CD404*, *CD406*, *CD410*, *CD419*, *CD426*, *CD434*, *CD438*, *CD444*, *CD446*, *CD449*, *CD451*, *CD454*, *CD456*, *CD458*, *CD464*, *CD468*, *CD471*, *CD474*, *CD477*, *CD481*, *CD484*, *CD486*, *CD489*, *CD492*, *CD494*, *CD496*, *CD498*, *CD500*, *CD502*, *CD504*, *CD506*, *CD508*, *CD510*, *CD512*, *CD514*, *CD516*, *CD518*, *CD520*, *CD522*, *CD524*, *CD526*, *CD528*, *CD530*, *CD532*, *CD534*, *CD536*, *CD538*, *CD540*, *CD542*, *CD544*, *CD546*, *CD548*, *CD550*, *CD552*, *CD554*, *CD556*, *CD558*, *CD560*, *CD562*, *CD564*, *CD566*, *CD568*, *CD570*, *CD572*, *CD574*, *CD576*, *CD578*, *CD580*, *CD582*, *CD584*, *CD586*, *CD588*, *CD590*, *CD592*, *CD594*, *CD596*, *CD598*, *CD600*, *CD602*, *CD604*, *CD606*, *CD608*, *CD610*, *CD612*, *CD614*, *CD616*, *CD618*, *CD620*, *CD622*, *CD624*, *CD626*, *CD628*, *CD630*, *CD632*, *CD634*, *CD636*, *CD638*, *CD640*, *CD642*, *CD644*, *CD646*, *CD648*, *CD650*, *CD652*, *CD654*, *CD656*, *CD658*, *CD660*, *CD662*, *CD664*, *CD666*, *CD668*, *CD670*, *CD672*, *CD674*, *CD676*, *CD678*, *CD680*, *CD682*, *CD684*, *CD686*, *CD688*, *CD690*, *CD692*, *CD694*, *CD696*, *CD698*, *CD700*, *CD702*, *CD704*, *CD706*, *CD708*, *CD710*, *CD712*, *CD714*, *CD716*, *CD718*, *CD720*, *CD722*, *CD724*, *CD726*, *CD728*, *CD730*, *CD732*, *CD734*, *CD736*, *CD738*, *CD740*, *CD742*, *CD744*, *CD746*, *CD748*, *CD750*, *CD752*, *CD754*, *CD756*, *CD758*, *CD760*, *CD762*, *CD764*, *CD766*, *CD768*, *CD770*, *CD772*, *CD774*, *CD776*, *CD778*, *CD780*, *CD782*, *CD784*, *CD786*, *CD788*, *CD790*, *CD792*, *CD794*, *CD796*, *CD798*, *CD800*, *CD802*, *CD804*, *CD806*, *CD808*, *CD810*, *CD812*, *CD814*, *CD816*, *CD818*, *CD820*, *CD822*, *CD824*, *CD826*, *CD828*, *CD830*, *CD832*, *CD834*, *CD836*, *CD838*, *CD840*, *CD842*, *CD844*, *CD846*, *CD848*, *CD850*, *CD852*, *CD854*, *CD856*, *CD858*, *CD860*, *CD862*, *CD864*, *CD866*, *CD868*, *CD870*, *CD872*, *CD874*, *CD876*, *CD878*, *CD880*, *CD882*, *CD884*, *CD886*, *CD888*, *CD890*, *CD892*, *CD894*, *CD896*, *CD898*, *CD900*, *CD902*, *CD904*, *CD906*, *CD908*, *CD910*, *CD912*, *CD914*, *CD916*, *CD918*, *CD920*, *CD922*, *CD924*, *CD926*, *CD928*, *CD930*, *CD932*, *CD934*, *CD936*, *CD938*, *CD940*, *CD942*, *CD944*, *CD946*, *CD948*, *CD950*, *CD952*, *CD954*, *CD956*, *CD958*, *CD960*, *CD962*, *CD964*, *CD966*, *CD968*, *CD970*, *CD972*, *CD974*, *CD976*, *CD978*, *CD980*, *CD982*, *CD984*, *CD986*, *CD988*, *CD990*, *CD992*, *CD994*, *CD996*, *CD998*, *CD1000*, *CD1002*, *CD1004*, *CD1006*, *CD1008*, *CD1010*, *CD1012*, *CD1014*, *CD1016*, *CD1018*, *CD1020*, *CD1022*, *CD1024*, *CD1026*, *CD1028*, *CD1030*, *CD1032*, *CD1034*, *CD1036*, *CD1038*, *CD1040*, *CD1042*, *CD1044*, *CD1046*, *CD1048*, *CD1050*, *CD1052*, *CD1054*, *CD1056*, *CD1058*, *CD1060*, *CD1062*, *CD1064*, *CD1066*, *CD1068*, *CD1070*, *CD1072*, *CD1074*, *CD1076*, *CD1078*, *CD1080*, *CD1082*, *CD1084*, *CD1086*, *CD1088*, *CD1090*, *CD1092*, *CD1094*, *CD1096*, *CD1098*, *CD1100*, *CD1102*, *CD1104*, *CD1106*, *CD1108*, *CD1110*, *CD1112*, *CD1114*, *CD1116*, *CD1118*, *CD1120*, *CD1122*, *CD1124*, *CD1126</*

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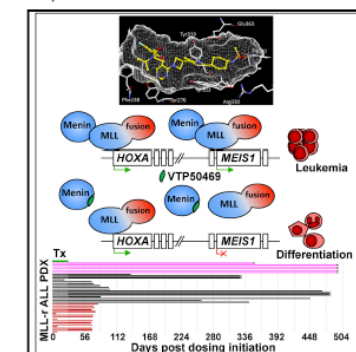
clude that *Npm1c* supports the inappropriate expression of genes associated with normal stem cell self-renewal, such as *Hoxa/b* cluster genes throughout myeloid differentiation.

We next investigated whether *Npm1c* can induce stem cell-associated gene expression de novo in committed progenitor cells, which lack self-renewal and have low levels of *Hoxa* and *Meis1* expression. For this, we sorted Cere-negative *Npm1c*, *Dmrt1a*, and *Npm1c/Dmrt1a* mutant GMPs and LSK cells and then used retroviral GFP overexpression to induce the mutant knock-in alleles in vitro (Fig. 1C). *Npm1c* expression induced *Hoxa9* expression in GMPs in vitro, suggesting that the *Npm1c*-driven stem

Cancer Cell

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

Graphical Abstract



Highlights

- 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

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In Brief

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 MLL-rearranged leukemia.

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>

CellPress

Projecting pre-clinical PK/PD to target clinical exposure

Target PK Profile Requirements

Maintain steady state levels above IC_{95} (~600 ng/mL) for most of dosing interval

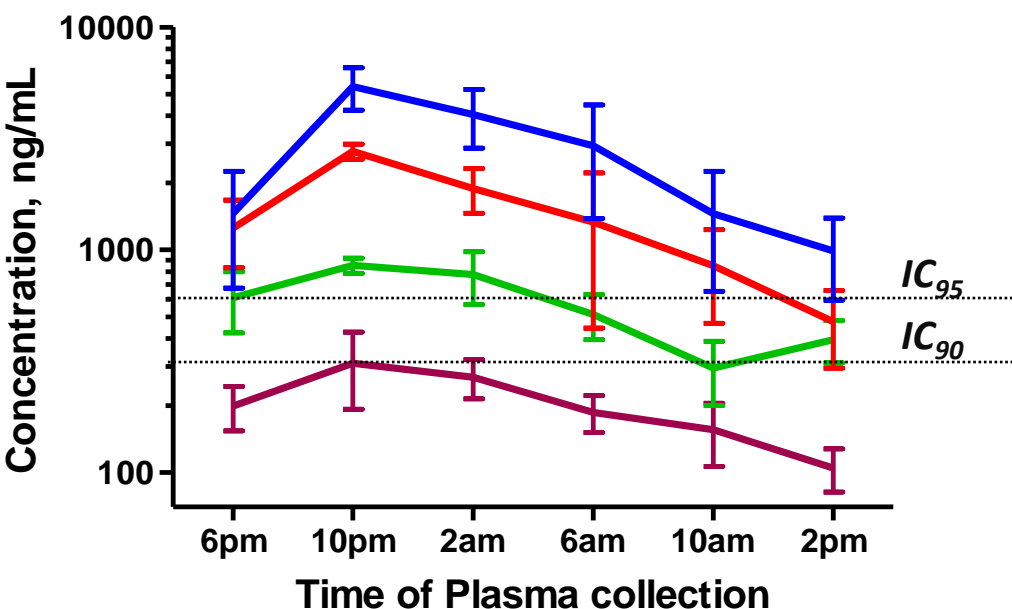
AND

Maintain C_{min} level above projected IC_{90} (~300 ng/mL)

AND

Minimum 24 h AUC of ~30,000 ng*h/mL

Steady State Plasma Levels

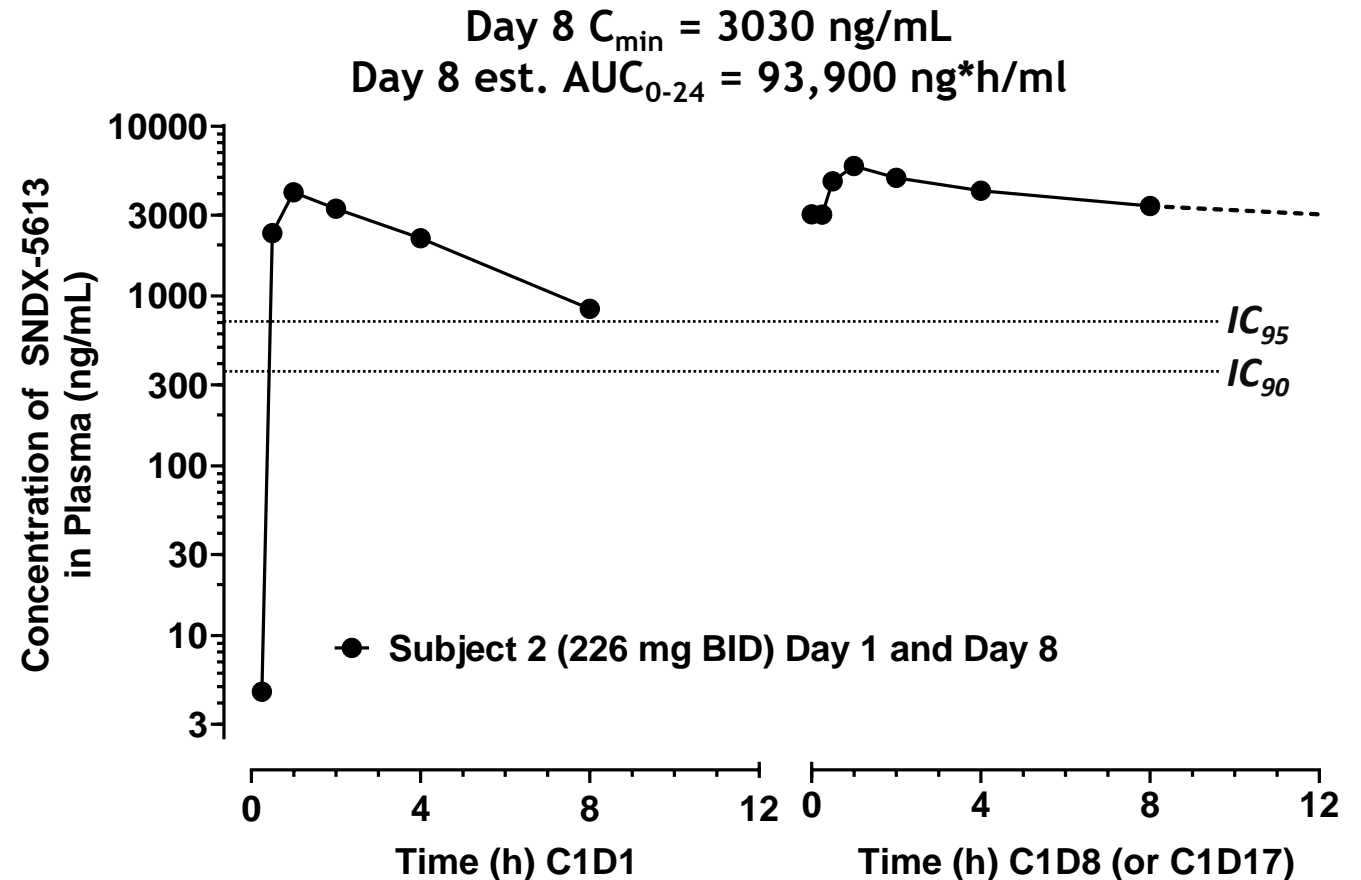


DOSE STRENGTH %	AVE CONC ng/ml	AUC ₀₋₂₄ ng*hr/ml
0.025	203	4900
0.05	573	13700
0.10	1425	34200
0.20	2713	65100

Patient Characteristics

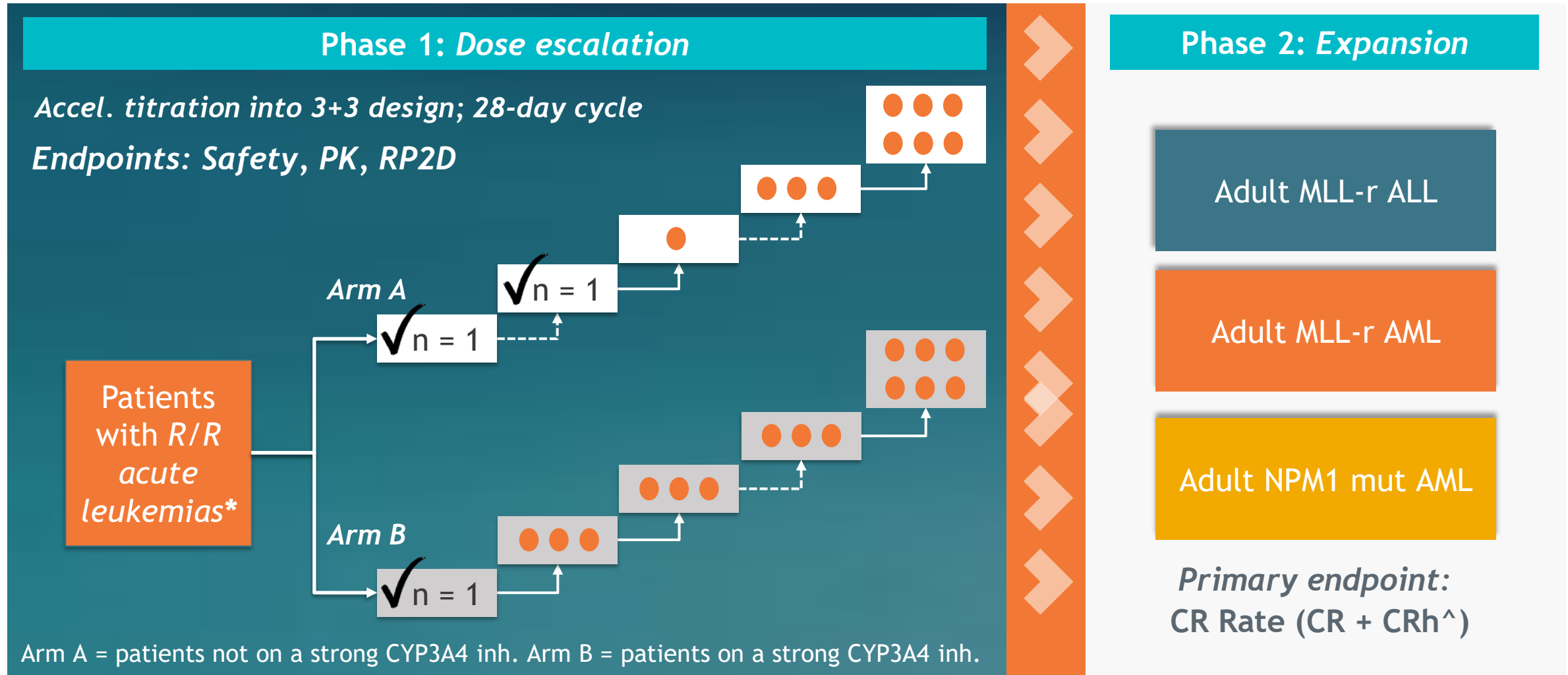
Gender, Age	Female, 69 yr old
Diagnosis	Refractory MPAL
Mutational status	MLL-TET1 fusion FLT3 ITD
Prior lines of therapy	2 (chemo, gilteritinib)
SNDX-5613 dose	226 mg PO q12 h
DLT period	No DLTs; Grade 2 QTc → resolved with dose reduced to 113 mg q12h
Day 28 response	CRi; beyond DLT period has improved to CR while on reduced dose

Patient #2: 226 mg PO q12h



CR = Complete response, CRh = Complete response with partial hematologic recovery,
CRi = Complete response with incomplete hematologic recovery

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 mAB with potential best-in-class profile



Axatilimab Phase 1 MAD data presented at AACR Virtual Meeting I



Showed rapid and sustained depletion of circulating pro-inflammatory monocytes observed at all doses



Identified RP2D as Monotherapy agent in patients with solid tumors

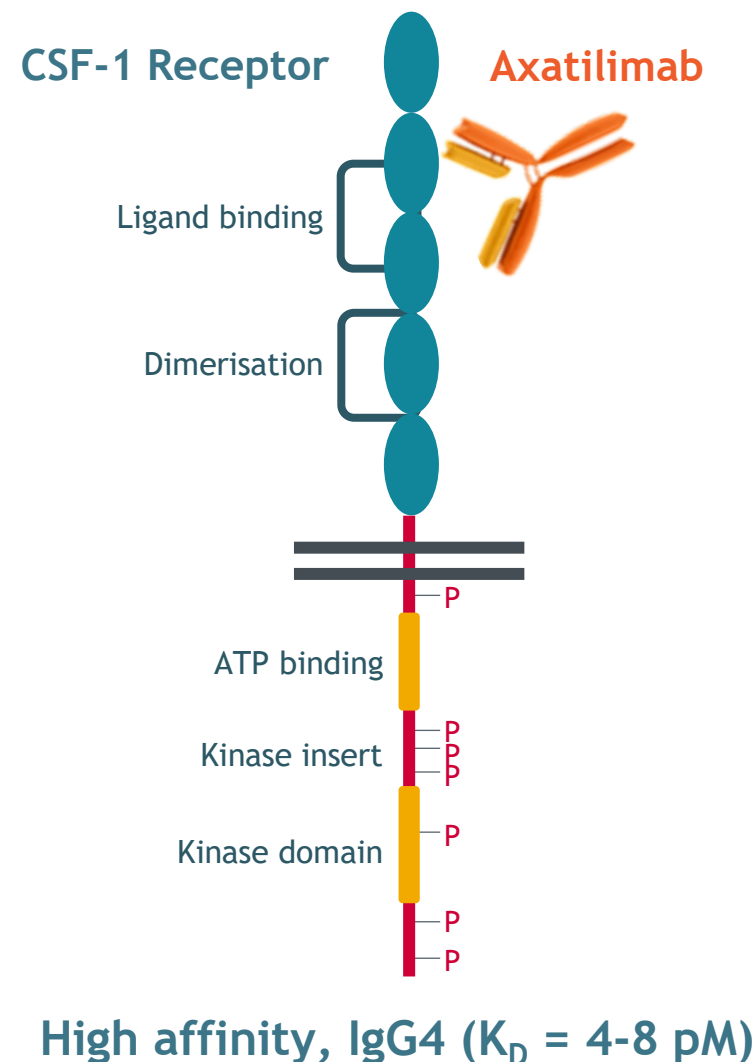


Identified RP2D in combo with IMFINZI® (durvalumab, AZ)



Demonstrates tolerability and robust PD biomarker modulation

CSF-1R - colony stimulating factor -1 receptor; RP2D recommended Phase 2 dose.
Source : Ordentlich, P. et al SITC 2016.



Axatilimab: significant potential in cGVHD

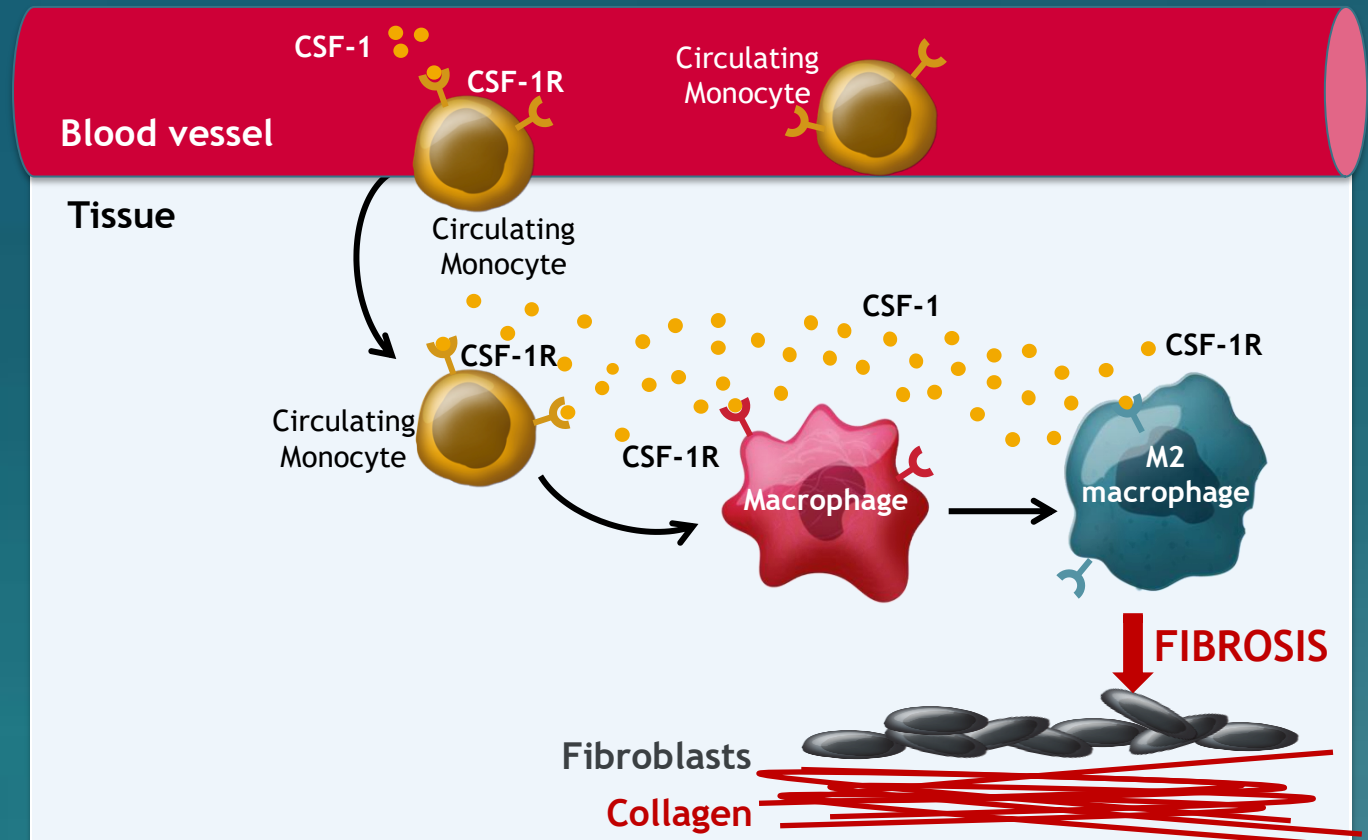
cGVHD develops in 40% of HSCT^{1,2}

- US prevalence ~14,000²

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

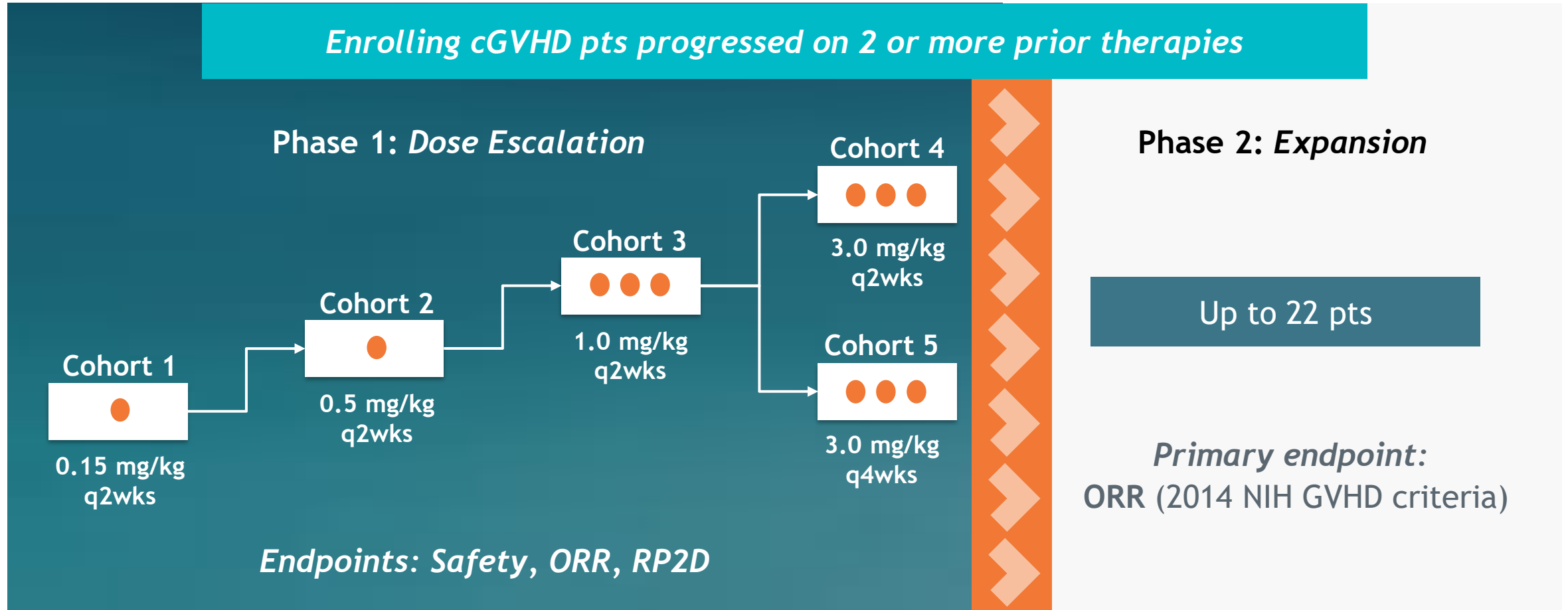
Phase 1/2 trial enrolling; data 2H20

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: Phase 1 established early proof of concept in cGVHD, Phase 2 designed to identify optimal dose



Financial highlights and 1H 2020 financial guidance

1Q 2020: Raised \$35 million at a 20% premium to market, closed on \$20 million debt
2Q 2020: Equity offering at \$18.00, net proceeds of \$93.7

Ticker	SNDX (NASDAQ)
Cash and short-term investments (at Mar 31, 2020)	\$99.0 million
Cash proceeds from Q2 2020 offering	\$93.7 million
Shares Outstanding* (at May 6, 2020)	41.7 million
1H 2020 Operating Expense Guidance**	
	2Q 2020
Research and Development	\$12-14 M
Total Operating Expenses^	\$18-20 M

* Includes 36.1 million common shares and pre-funded warrants to purchase 5.6 million common shares; ^ Includes \$1.5 million non-cash stock compensation expense for 2Q 2020; ** Financial guidance for 2H 2020 will be issued following results of the E2112 trial

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)	1Q20	2Q20	3Q20	4Q20
Data presentation from Phase 1/2 chronic GVHD trial				●

Thank you. Questions?

Syndax 