

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



2Q20 EARNINGS PRESENTATION

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Syndax pipeline addresses key areas of unmet need in cancer

SNDX-5613 Menin Inhibitor Leukemias

- Acute leukemias
- Initial Ph 1 data provides clinical evidence of efficacy
- RP2D expected YE20
- Ph 1 data early 2021

Axatilimab anti-CSF1R mAB Chronic GVHD

- Macrophage driven diseases
- Clinical POC for chronic GVHD achieved
- Ph 1 data expected 4Q20

Entinostat Class I HDAC Inhibitor

- Ph 3, E2112, in HR+/HER2- mBC did not meet primary endpoint of OS
- Program has been deprioritized

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. Vassiliou^{2B}, Scott A. Armstrong^{1,2a}

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 myeloid transcription factor complex. These preclinical results suggest that AML might benefit from targeted epigenetic therapy.

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¹ Pediatric Oncology, Dana-Farber Cancer
Institution of Hematology/Oncology, Boston,
Children's Hospital and Harvard Medical
School, MA, USA; ² Department of Internal Medicine,
University of Ulm, Ulm, Germany; ³ Syndax
Inc., Waltham, MA, USA; ⁴ Center for
Assignments, Memorial Sloan Kettering Can-
cer Center, New York, NY, USA; ⁵ Department of Hematology,
University of Cologne, Cologne, Germany; ⁶ Tumor Immunology, Charité University
Hospital, Berlin, Germany; ⁷ Wellcome-MRC Cambridge Si-
mion, University of Cambridge, Cambridge, UK;
* Trustee, Sanofi-Schering-Plough, Cambridge, UK.
online address: Email: scott_williams@dfci.harvard.edu

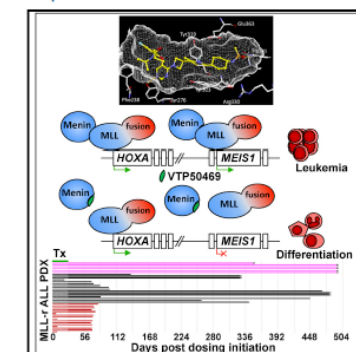
clude that *Npm1c* supports the inappropriate expression of genes associated with normal stem cell self-renewal, such as *Hoxa/b* cluster genes throughout myeloid differentiation.

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 *Hoxa9* and *Meis1* expression. For this, we sorted C-negative *Npm1c*, *Dmrt1c*, and *Npm1c/Dmrt1c* 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

Authors

Andrei V. Krivtsov, Kathryn Evans,
Jayant Y. Gadrey, ...,
Gerard M. McGeehan, Richard B. Lock,
Scott A. Armstrong

Correspondence

scott_armstrong@dfci.harvard.edu

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

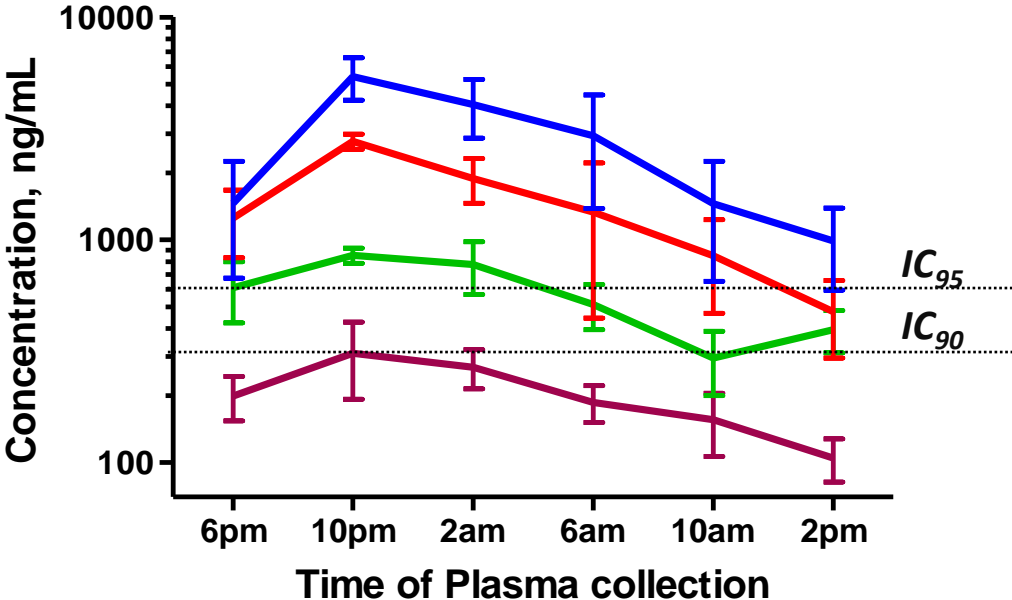
AND

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

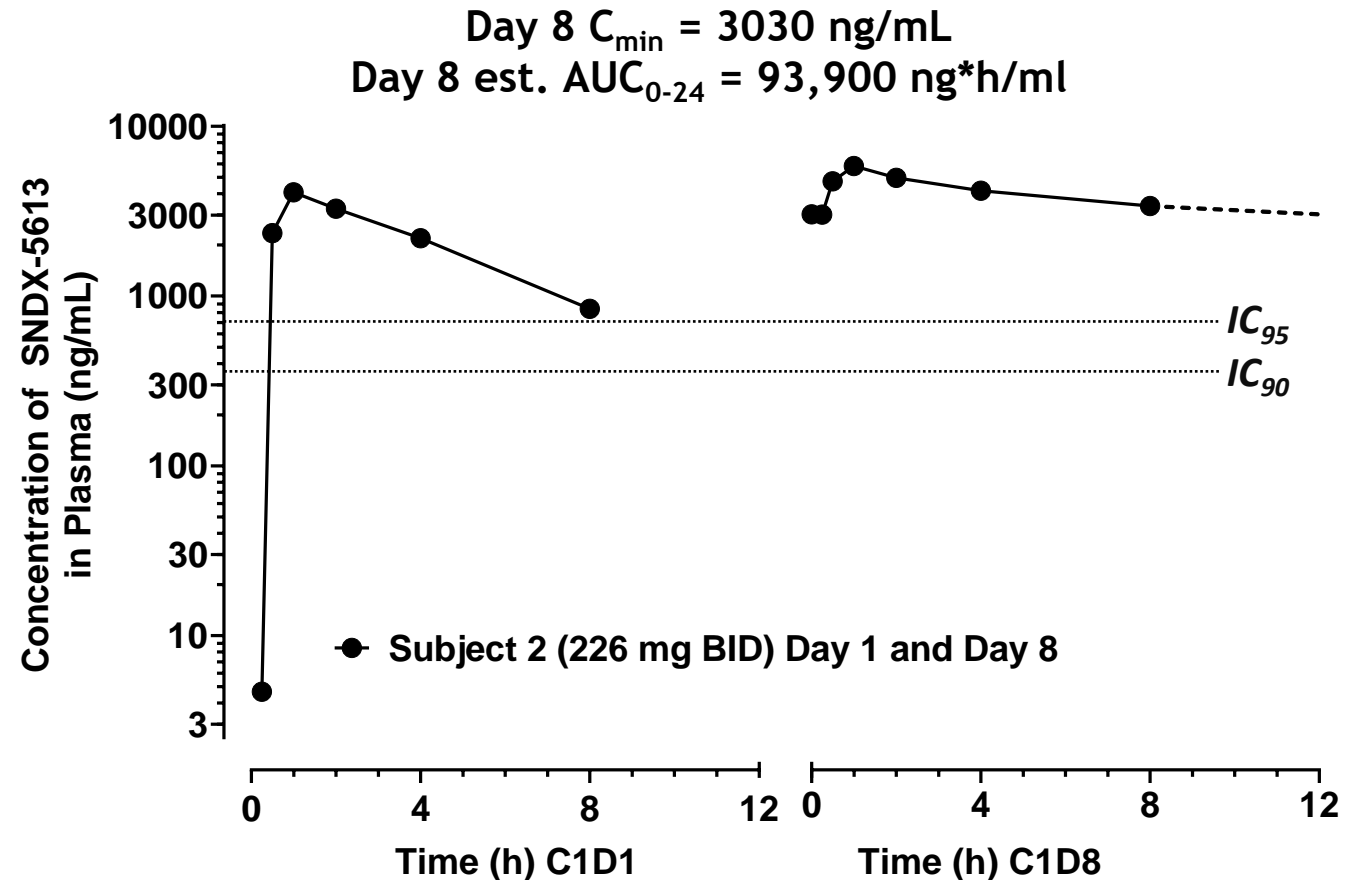


| DOSE STRENGTH % | AVE CONC ng/ml | AUC ₀₋₂₄ ng*hr/ml |
|--------------------|-------------------|---------------------------------|
| 0.025 | 203 | 4900 |
| 0.05 | 573 | 13700 |
| 0.10 | 1425 | 34200 |
| 0.20 | 2713 | 65100 |

Patient Characteristics

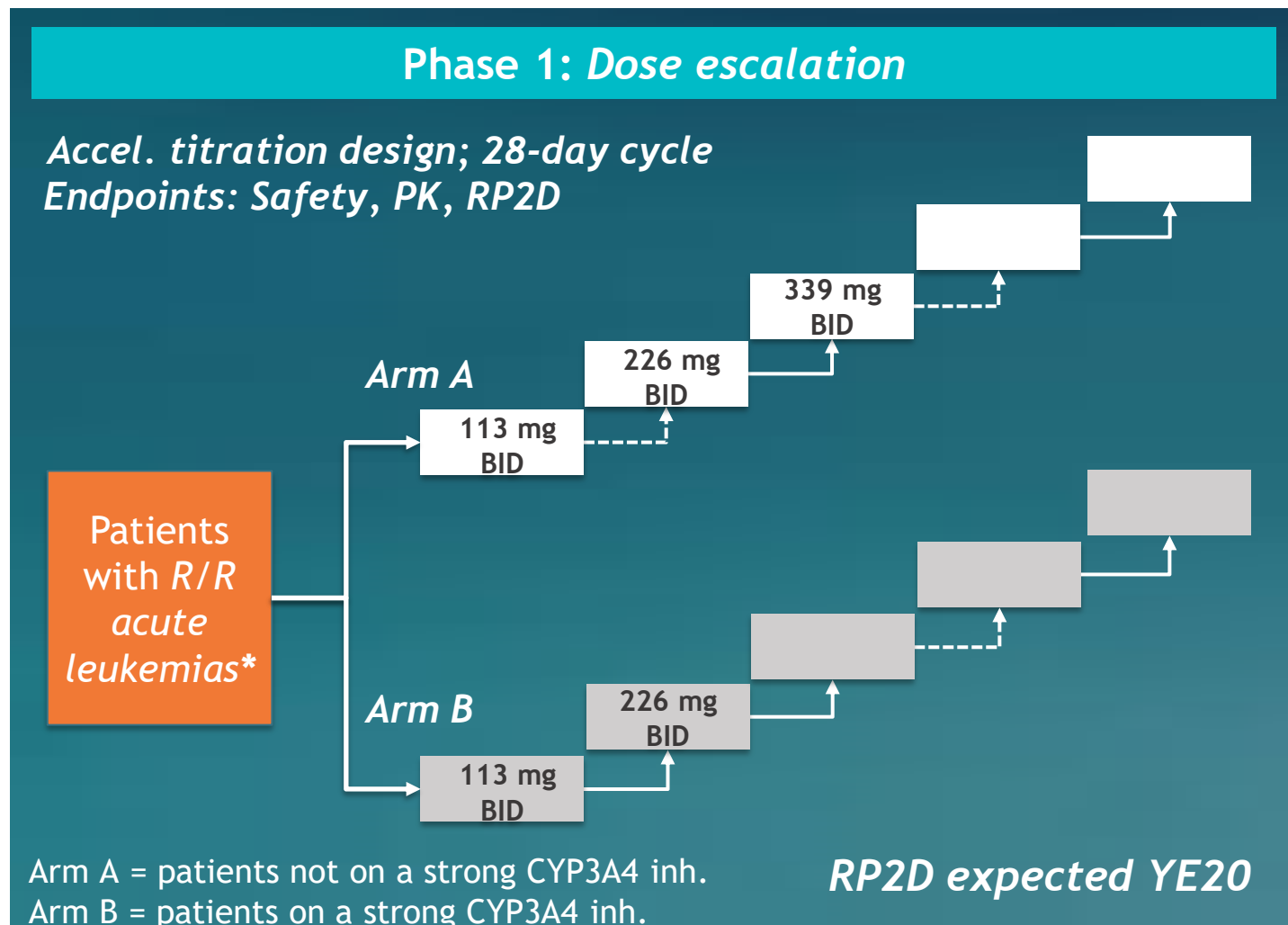
| | |
|------------------------|---|
| Gender, Age | Female, 69 yr old |
| Diagnosis | Refractory MPAL |
| Mutational status | MLL-TET1 fusion FLT3 ITD |
| Prior lines of therapy | 2 (chemo, gilteritinib) |
| SNDX-5613 dose | 226 mg PO q12 h |
| DLT period | No DLTs; Grade 2 QTc → resolved with dose 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

Strong, widespread support to accelerate '5613 development



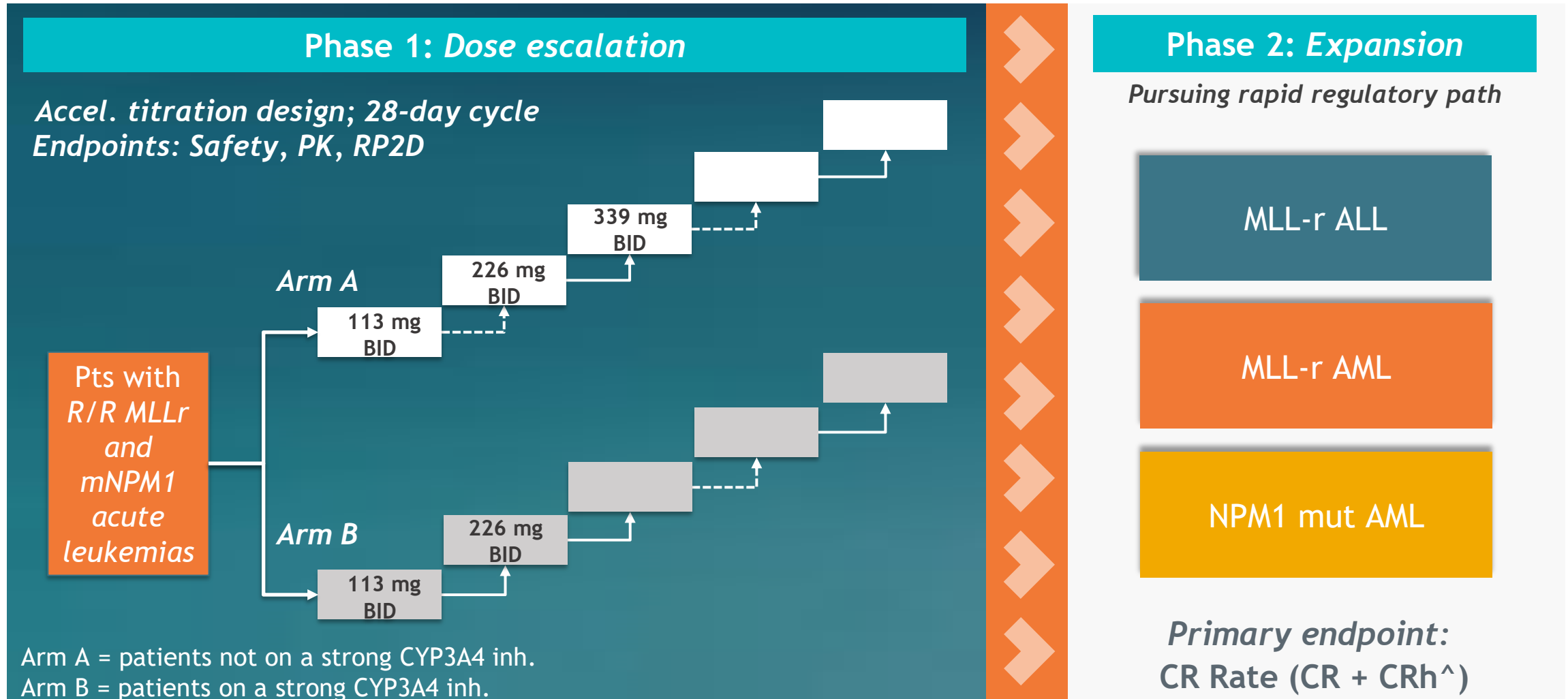
**FDA agrees to multiple
AUGMENT-101 enhancements**

- 1** Focusing trial to enroll only MLL-r or NPM1 acute leukemia
- 2** Allowing expansion of cohorts showing efficacy
- 3** Inclusion of pediatric patients (>30 days old)

Ph 1 data early 2021

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

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



[^] 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

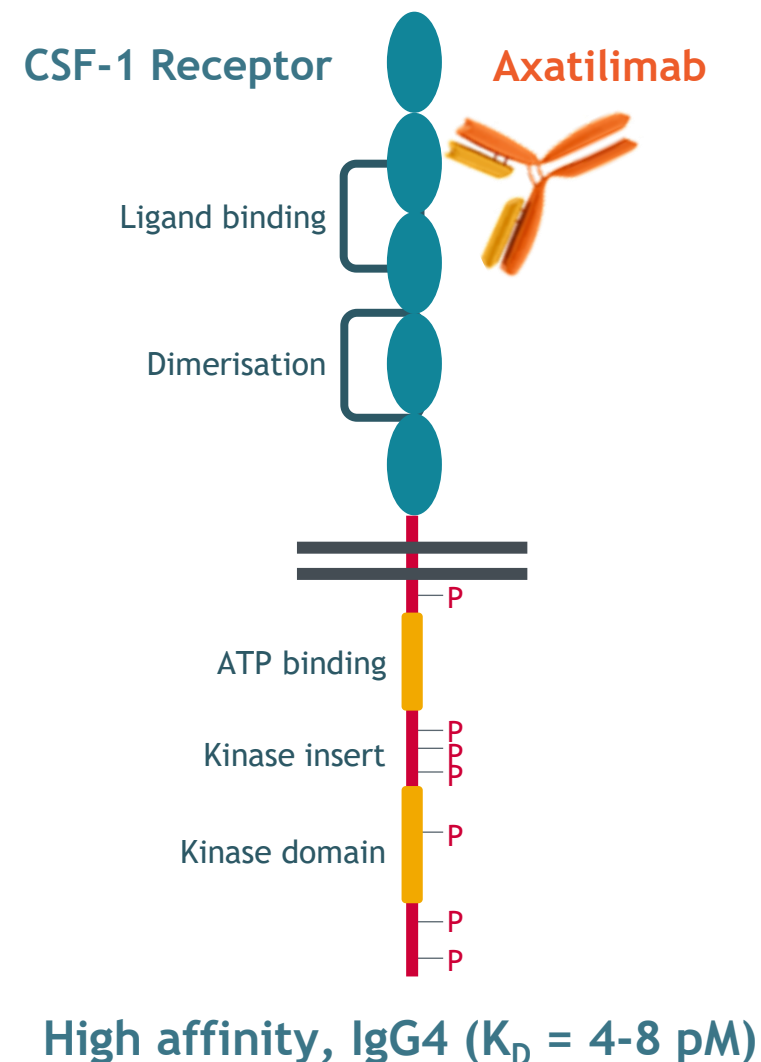


Rapid and sustained depletion of circulating pro-inflammatory monocytes observed at all doses



Demonstrated 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

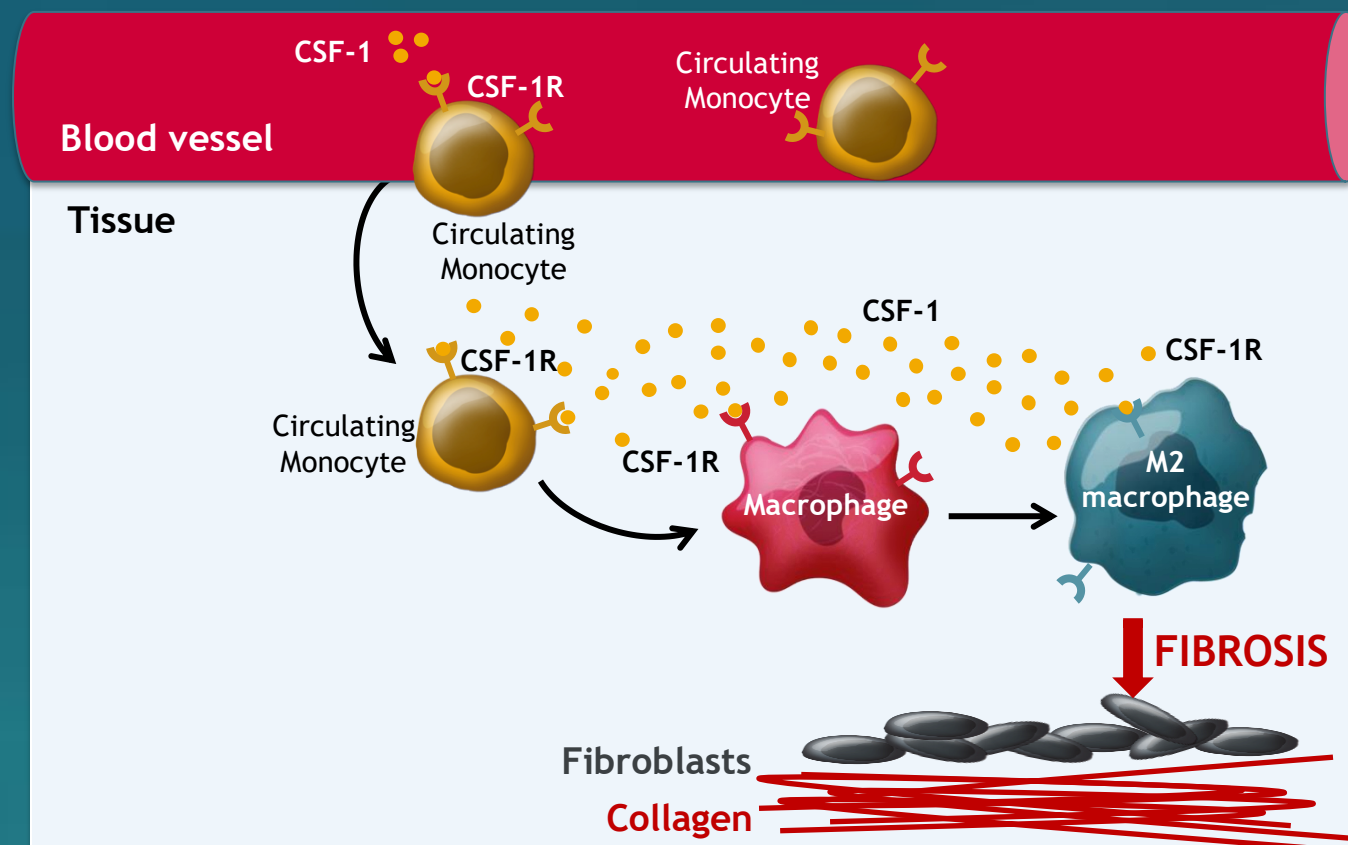
cGVHD develops in 40% of HSCT^{1,2}

- US prevalence ~14,000²

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

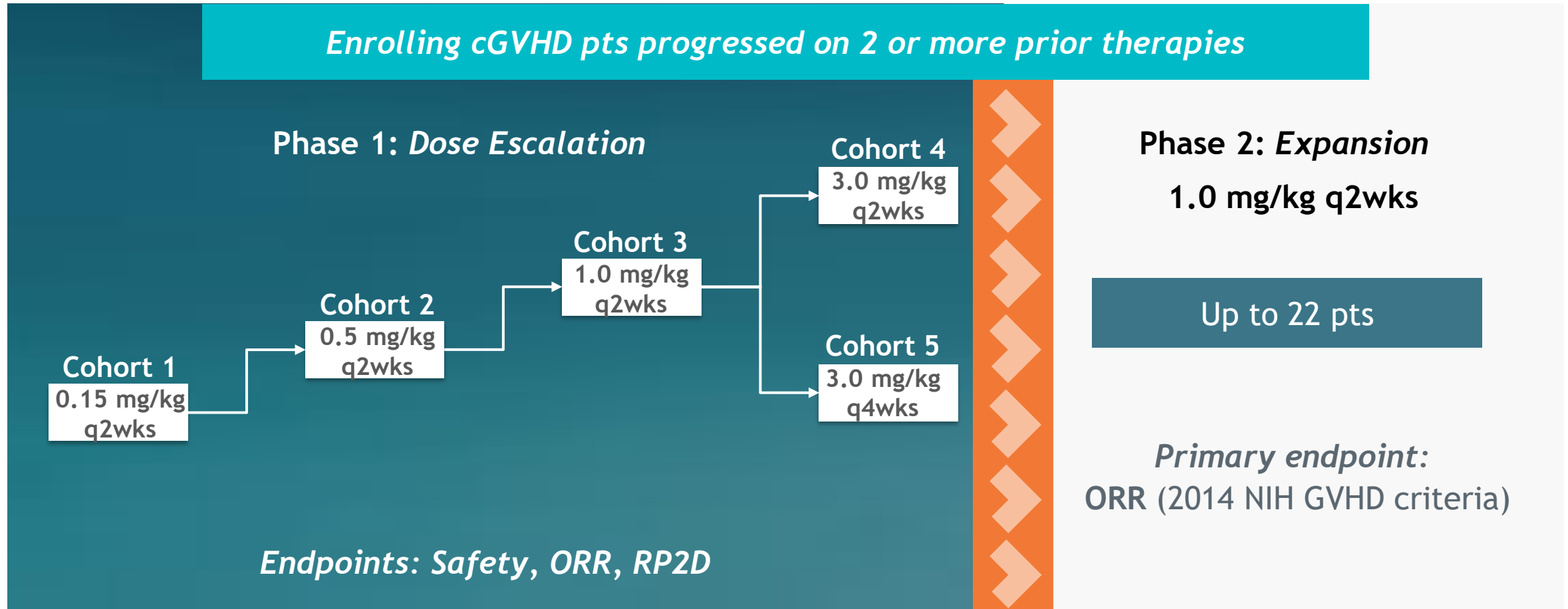
Ph 1/2 trial enrolling; Ph 1 data 4Q20

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



Anticipate sharing complete Phase 1 data at medical meeting in 4Q20

Proven ability to build the pipeline

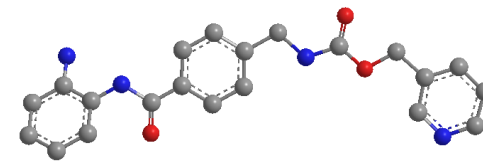
Business development continues to be a
core strength of our business

Clinical development leadership enables
competitive advantage

Established relationships enhance
identification and access to quality assets

From Bayer

Entinostat



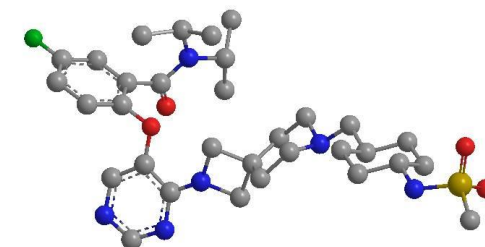
From UCB

Axatilimab



From Allergan/Vitae

Menin-MLL
inhibitors



Financial highlights and 2H20 financial guidance

2Q 2020: Equity offering at \$18.00, net proceeds of \$107.9 M

| Ticker | | SNDX (NASDAQ) | |
|---|--|-----------------|-----------|
| | | | |
| Cash and short-term investments (at Jun 30, 2020) | | \$186.8 million | |
| Shares Outstanding* (at Aug 3, 2020) | | 44.1 million | |
| 3Q and 2020 Operating Expense Guidance | | | |
| | | 3Q 2020 | 2H20 |
| Research and Development | | \$14-16 M | \$30-35 M |
| Total Operating Expenses^ | | \$19-21 M | \$40-45 M |

* Includes 38.5 million common shares and pre-funded warrants to purchase 5.6 million common shares;

^ Includes \$2.0 million non-cash stock compensation expense per quarter

Thank you. Questions?

Syndax 