

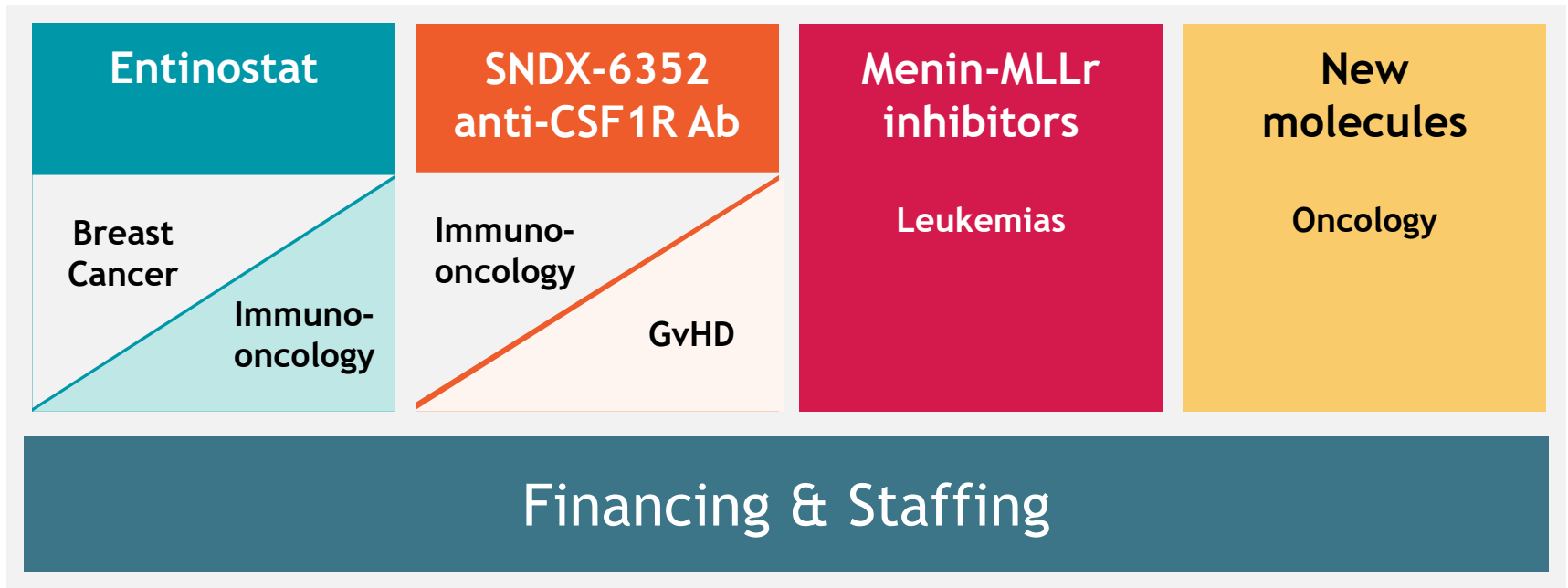
Determined to realize a future in which  
people with cancer live longer and  
better than ever before

Syndax 

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This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "will," "expect," "plan," "anticipate" and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding future operations, financial results and the financial condition of Syndax Pharmaceuticals, Inc. ("Syndax" or the "Company"), including financial position, strategy and plans, the progress, timing, clinical development and scope of clinical trials and the reporting of clinical data for Syndax's product candidates, and Syndax's expectations for liquidity and future operations, are forward-looking statements. Many factors may cause differences between current expectations and actual results, including unexpected safety or efficacy data observed during preclinical or clinical studies, clinical site activation rates or clinical trial enrollment rates that are lower than expected, changes in expected or existing competition, failure of our collaborators to support or advance collaborations or product candidates and unexpected litigation or other disputes. Moreover, Syndax operates in a very competitive and rapidly changing environment. Other factors that may cause our actual results to differ from current expectations are discussed in Syndax's filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein. New risks emerge from time to time. It is not possible for Syndax's management to predict all risks, nor can Syndax assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statement. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied. Except as required by law, neither Syndax nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. Syndax undertakes no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in Syndax's expectations.

# Company strategy



# Potential value drivers throughout 2019

- **E2112:** Potential for positive overall survival in \$\$B market (HR+ mBC)
- **ENCORE 602:** POC data in novel I/O combo (TNBC)

- **E2112:** Potential for positive overall survival in \$\$B market (HR+ mBC)
- **SNDX-5613:** Initial clinical efficacy in AML

1Q19



**ENCORE 603**  
POC data for novel  
I/O combo (ovarian)

2Q19



**6352-503**  
**SNDX-6352:** Initial  
efficacy in cGVHD

3Q19



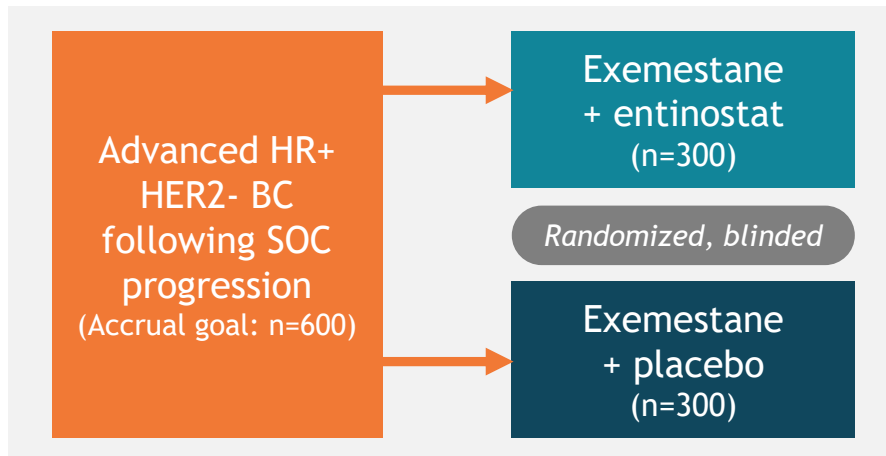
4Q19



*Triple negative breast cancer (TNBC); acute myeloid leukemia (AML); chronic graft versus host disease (cGVHD)*

# Phase 3 E2112: Focused on overall survival

## E2112: Exemestane +/- entinostat



Primary endpoint: OS



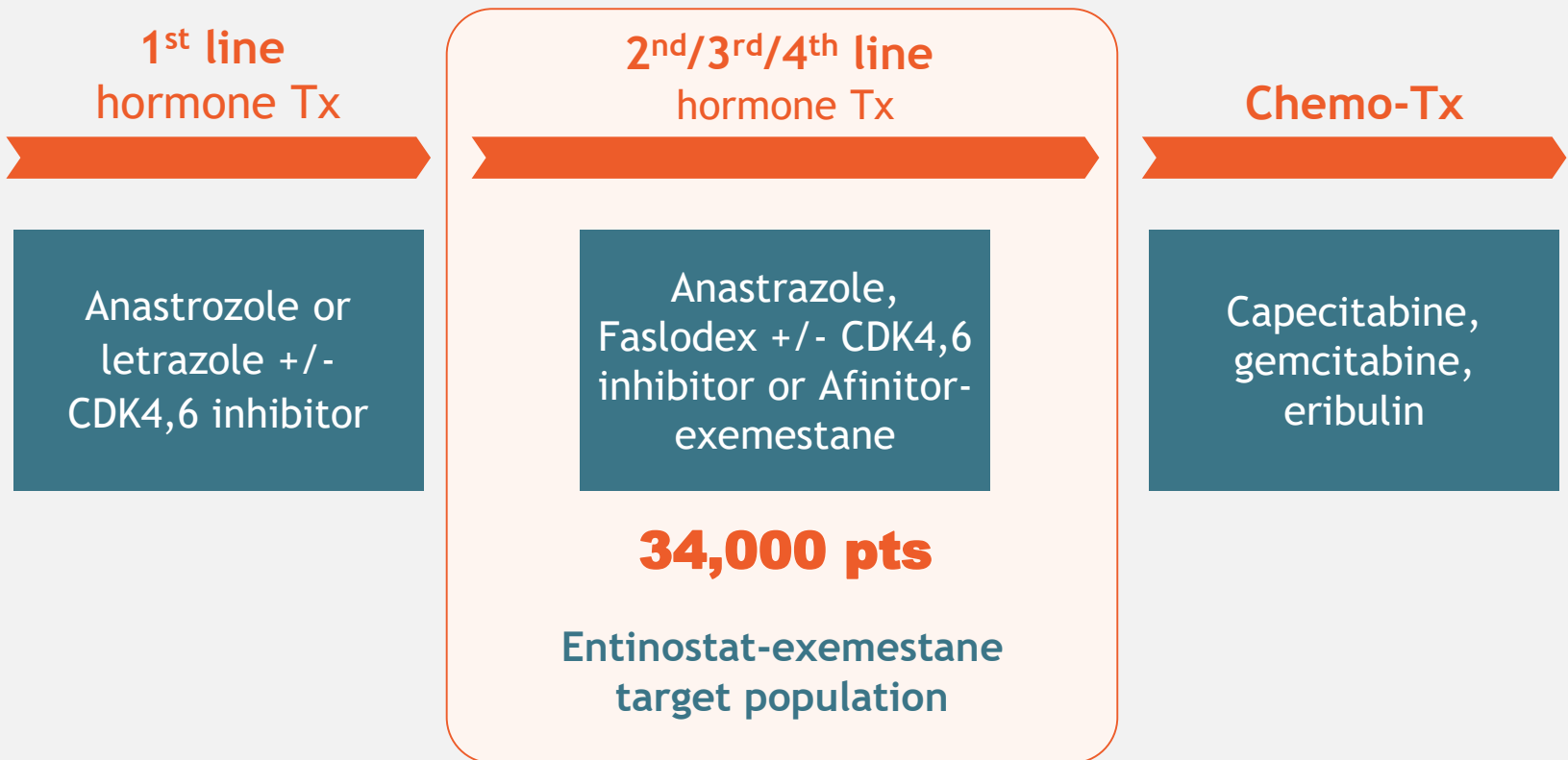
## E2112 Trial Milestones

- ✓ **4Q18:** Accrual completes, PFS and interim OS analyses shared
- **2Q19:** Next interim OS analysis
- **4Q19:** Additional interim OS analysis
- **2Q20:** Final OS analysis (if needed)

***A positive OS result allows filing for full regulatory approval***

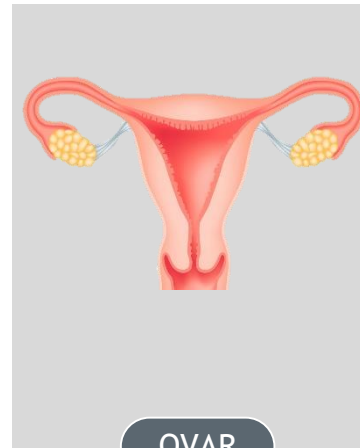
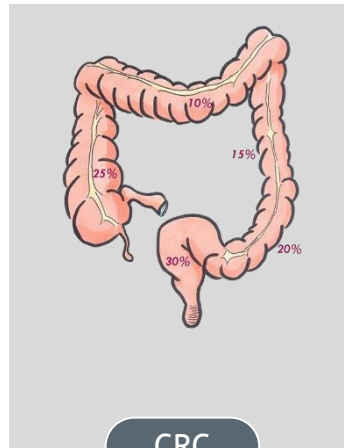
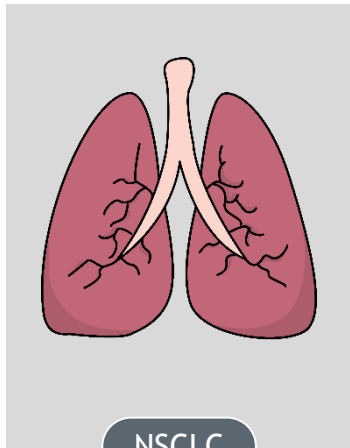
# Blockbuster potential as 2<sup>nd</sup>/3<sup>rd</sup> line agent

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



Source: DataMonitor 2016 Breast cancer: HR+/HER2- Disease Coverage Report

# ENCORE Clinical Trial Program: Evaluating entinostat's potential to enhance anti-PD-(L)1 efficacy



PD-(L)1

Immune cells

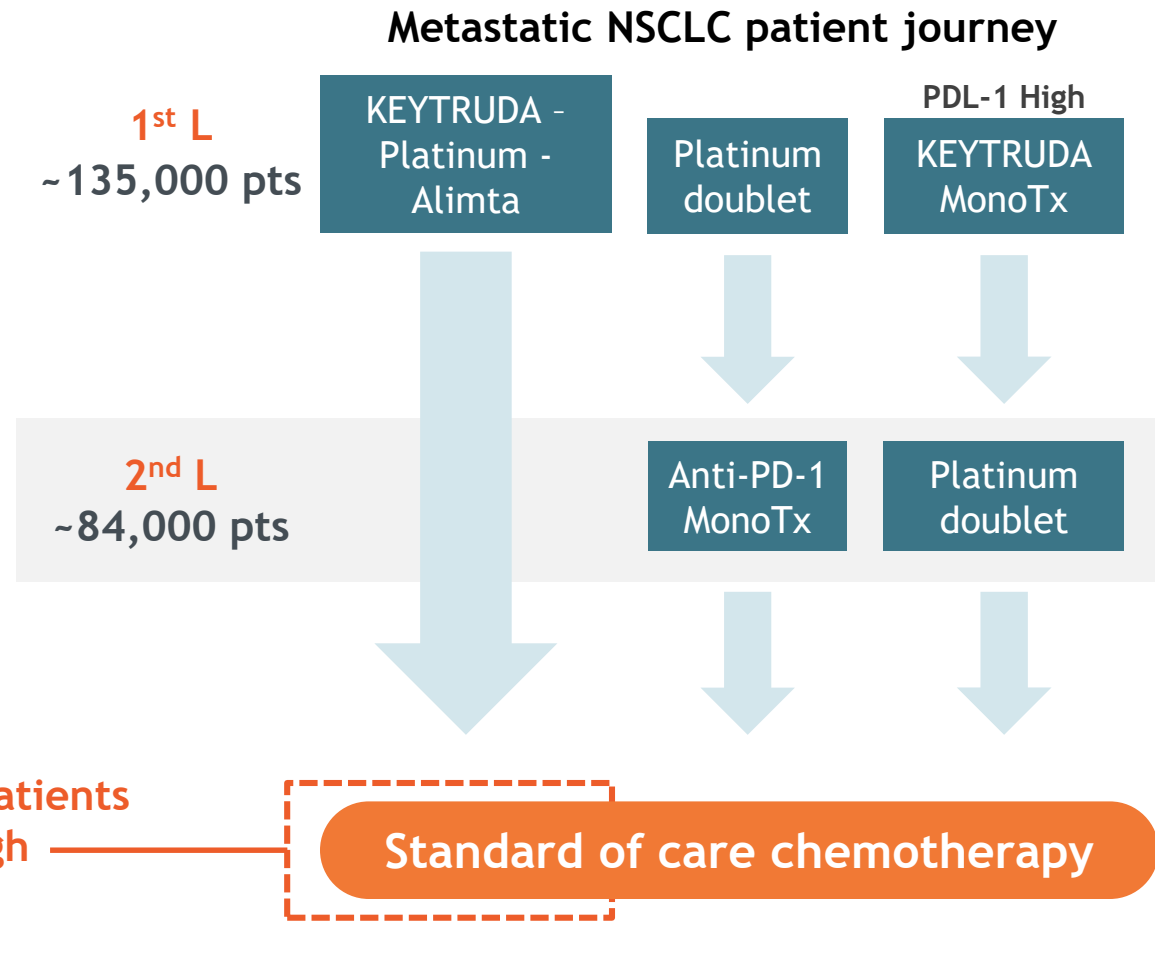
Tumor mutational burden (TMB)

Nanostring

Focused on early signs of efficacy and biomarkers that predict clinical benefit

# Alternative treatment options required to benefit significant NSCLC patient population

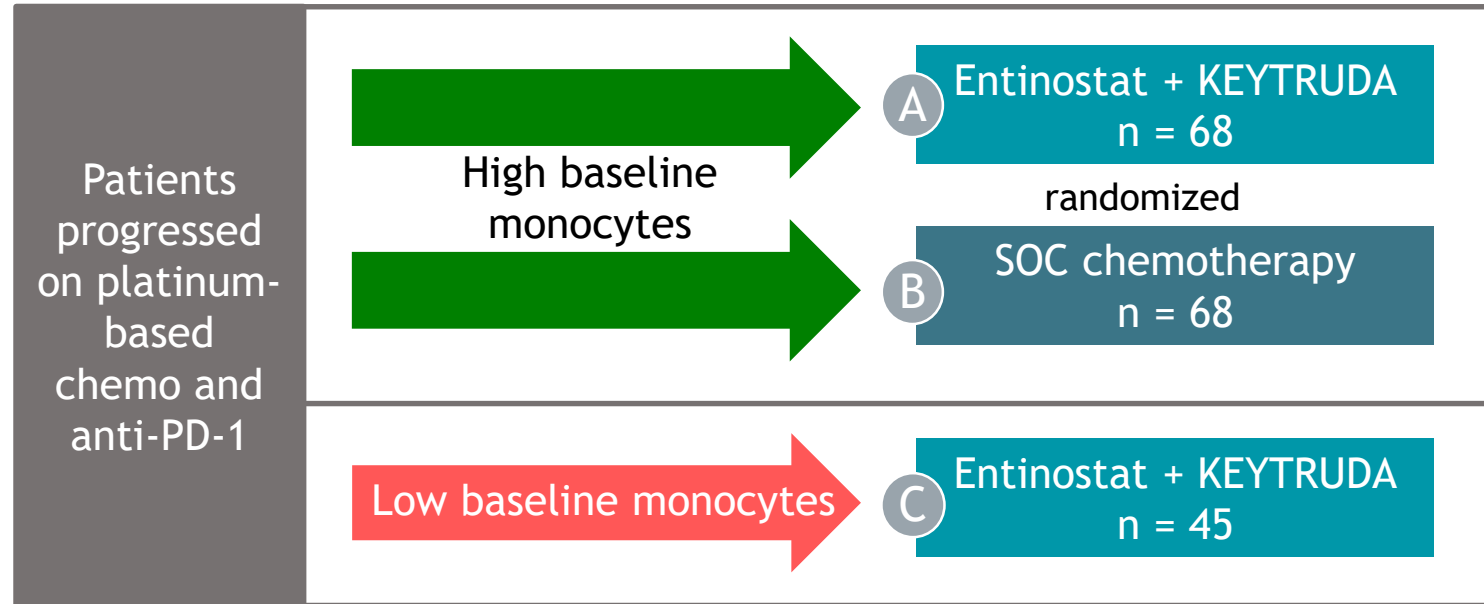
- Biomarkers currently used to identify likely responders (EGFR, ALK, PD-(L)1, TMB) in this setting
- Selection may enable entinostat-KEYTRUDA® to provide meaningful benefit for a subset of 2L / 3L NSCLC



Source: Kantar 2016 Treatment Architecture report; Trial Trove, SEER data



# Proposed NSCLC trial to validate monocyte-based selection and confirm benefit of ENT-KEYTRUDA



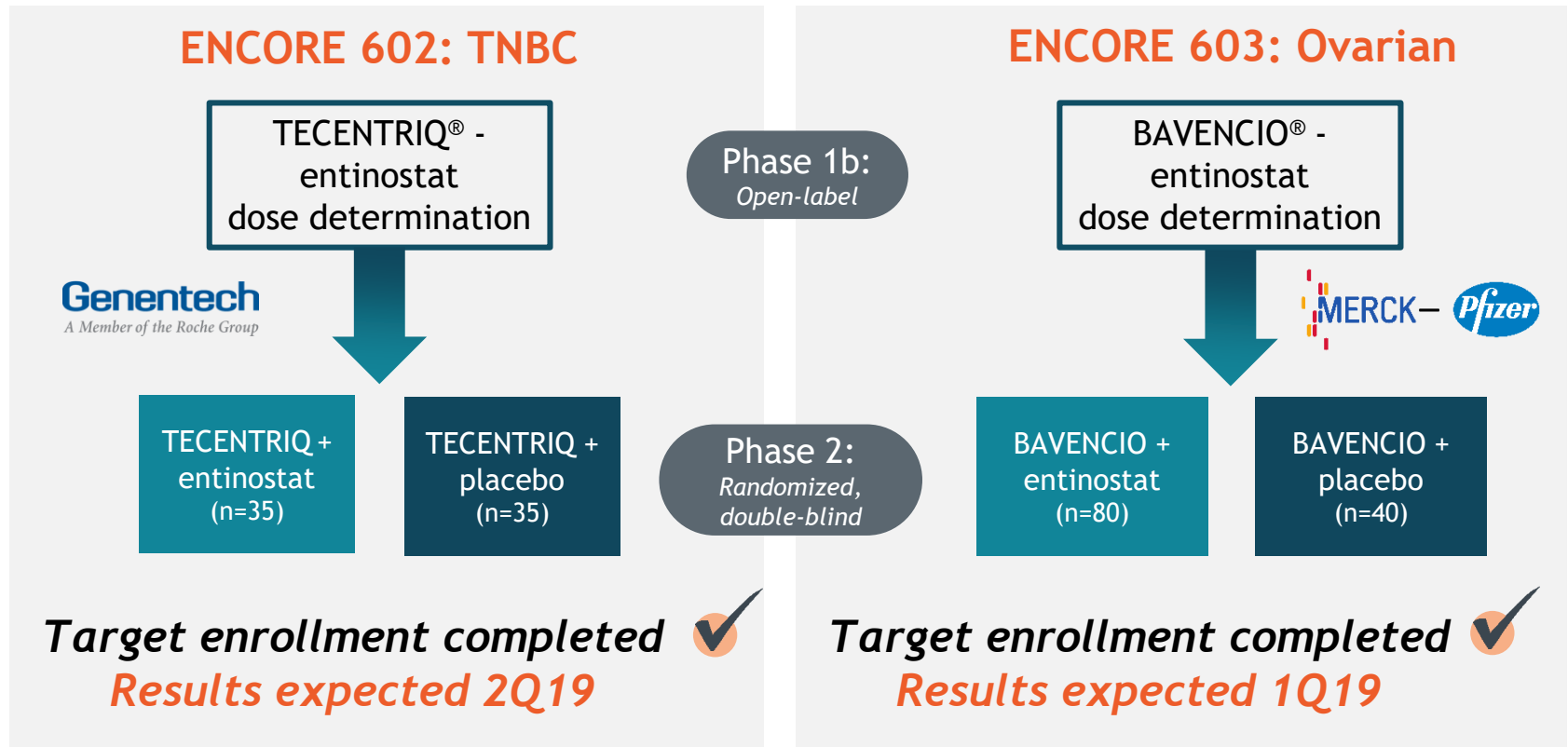
## Primary Endpoint: PFS

- High baseline monocytes compared to low baseline monocytes
- Entinostat + KEYTRUDA compared to SOC chemotherapy

## Secondary endpoints: ORR, DOR, OS

*Progression free survival (PFS), objective response rate (ORR), duration of response (DOR), overall survival (OS)*

# ENCORE 602, 603: Near-term topline data readouts



## Phase 2 Endpoints:

- Primary endpoint - PFS
- Secondary endpoint - Overall response rate (ORR)
- Secondary endpoint - Overall survival (OS)

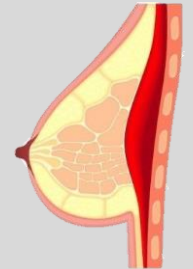
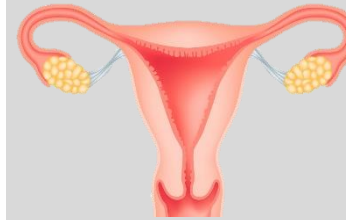
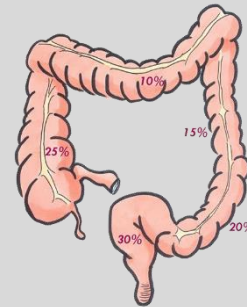
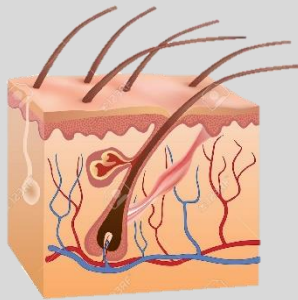
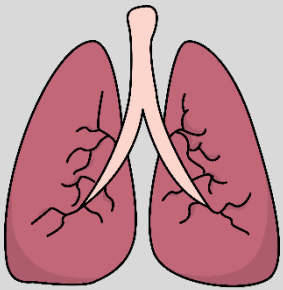
# ENCORE Clinical Trial Program: Evaluating entinostat's potential to enhance anti-PD-(L)1 efficacy

PD-(L)1

Immune cells

Tumor mutational burden (TMB)

Nanostring



NSCLC

MEL

CRC

OVAR

TNBC

Bio-marker

Initiate Reg Trial, 1H19

Decision 4Q19

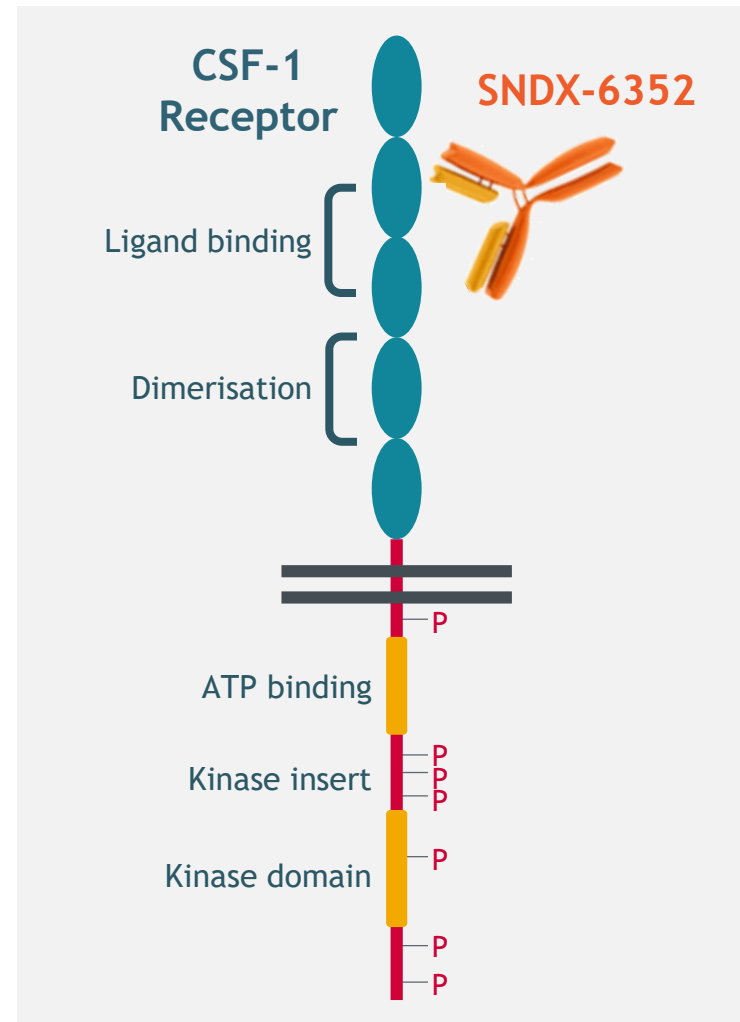
Data 1Q19

Data 1Q19

Data 2Q19

# Update on SNDX-6352: pursuing novel indication

- High affinity, IgG4  
( $K_D = 4-8 \text{ pM}$ )
- ✓ Multiple ascending dose  
(MAD, solid tumors) ongoing
- ✓ Combination study with IMFINZI  
(durvalumab, AZ) commenced
  - RP2D expected in 2Q19
- ✓ Chronic graft versus host disease  
(cGVHD) study initiated
  - RP2D expected in 2H19



CSF-1R - colony stimulating factor -1 receptor;  
RP2D - recommended Phase 2 dose

Source : Ordentlich, P. et al SITC 2016

# SNDX-5613 (Menin-MLLr inhibitor) IND expected 2Q19

## MLL-r driver of subset of AML, and ALL

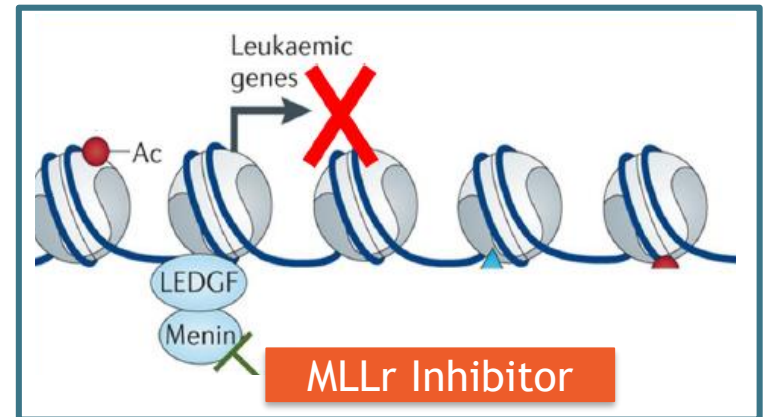
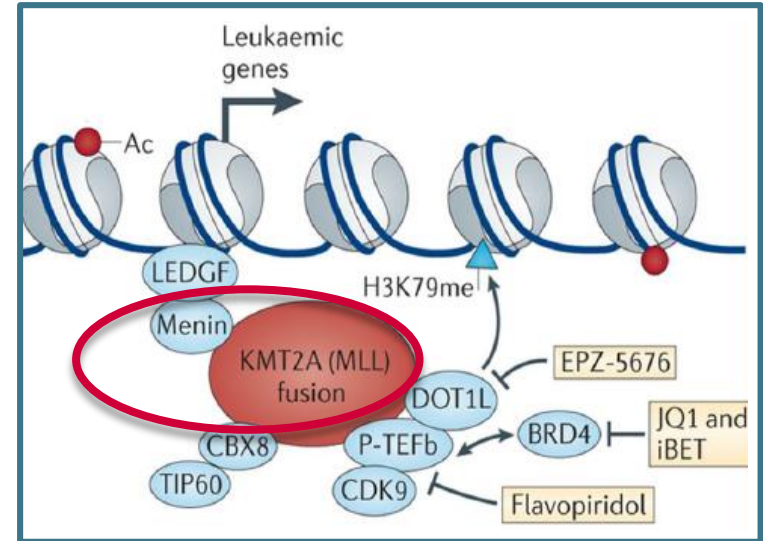
- WW incidence: 4,000/yr

## *NPM1<sup>mut</sup>* driver of a subset of AML

- WW incidence (30% of AML): ~25,000/yr

## MLLr and NPM1 leukemias sensitive to Menin-MLLr inhibition

Development program to be featured in two presentations at ASH Annual Meeting



## 3Q18 financial highlights and 4Q18, 2019 guidance

**Ticker**

**SNDX (NASDAQ)**

**As of September 30, 2018**

**Cash and short-term investments** \$89.6 million

**Shares Outstanding\*** 26.1 million

### **4Q 2018 and 2019 Operating Expense Guidance**

	<b>Q4 2018</b>	<b>2019</b>
<b>Research and Development</b>	\$13 - 15 M	\$54-58 M
<b>Total Operating Expenses<sup>^</sup></b>	\$17 - 19 M	\$68-73 M

*\* Includes 24.1 million common shares and pre-funded warrants to purchase 2.0 million common shares*

*<sup>^</sup> Includes \$1.5 and \$6 million non-cash stock compensation expense for Q4 2018 and for 2019, respectively*

# Upcoming milestones

<b>ENTINOSTAT (Class 1 specific HDAC inhibitor)</b>	<b>4Q18</b>	<b>1Q19</b>	<b>2Q19</b>	<b>2H19</b>
E2112 - Interim OS analysis			●	●
ENCORE 601 - Registration trial decision for melanoma	●			
ENCORE 601 - Go / No go decision, Stage 1 of MSS CRC cohort		●		
ENCORE 603 - Report topline ovarian results		●		
ENCORE 602 - Report topline TNBC results			●	
<b>SNDX-6352 (anti-CSF-1R mAB)</b>	<b>4Q18</b>	<b>1Q19</b>	<b>2Q19</b>	<b>2H19</b>
Identify recommended Phase 2 dose and schedule			●	
Preliminary efficacy in chronic GVHD				●
<b>SNDX-5613 (Menin MLLr inhibitor)</b>	<b>4Q18</b>	<b>1Q19</b>	<b>2Q19</b>	<b>2H19</b>
File IND and initiate clinical study			●	
Preliminary efficacy in relapsed refractory AML				●

Thank you. Questions?

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