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Reimagining Cancer Treatment

Revumenib AUGMENT-101 Data in R/R KMT2Ar Acute Leukemia

October 2, 2023

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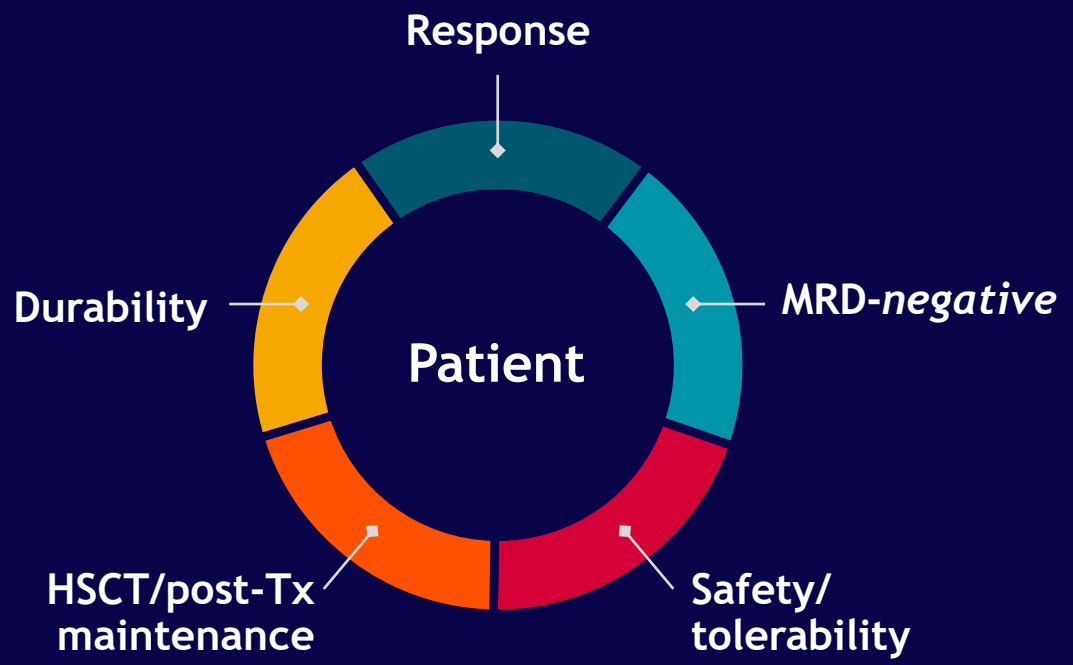
Revumenib positioned as a first- and best-in-class therapy

IDMC recommends stopping AUGMENT-101 KMT2Ar cohorts for efficacy at protocol defined interim analysis

- Trial met primary endpoint (p-value = 0.0036)
- Majority of patients achieved a clinically significant response to treatment
- High proportion of responders proceeded to potentially curative transplant and re-started post-transplant maintenance
- Well tolerated profile continues to support use as maintenance treatment and promise as potential combination partner in front-line indications
- Potential for first age- and disease-agnostic approval in KMT2Ar acute leukemia; NDA submission on track for year-end 2023



Revumenib delivers on key metrics that address the needs of patients and drive physician utilization

Despite recent advances in AML and ALL, treatment options are needed for patients with KMT2Ar and mNPM1 acute leukemias

KMT2Ar Acute Leukemia

10%

of AML or ALL[1]

- NCCN guidelines denote KMT2Ar predicts poor prognosis
- Third-line treatment: Median OS of <3 months; 5% of patients achieve CR

NPM1 Mutant AML

30%

of AML[2]

- Most frequent genetic alteration in AML
- Response rates decreased with each line of therapy; 5-year OS ~50%

Revumenib has demonstrated clinical efficacy and is currently being investigated in pivotal trials across both populations

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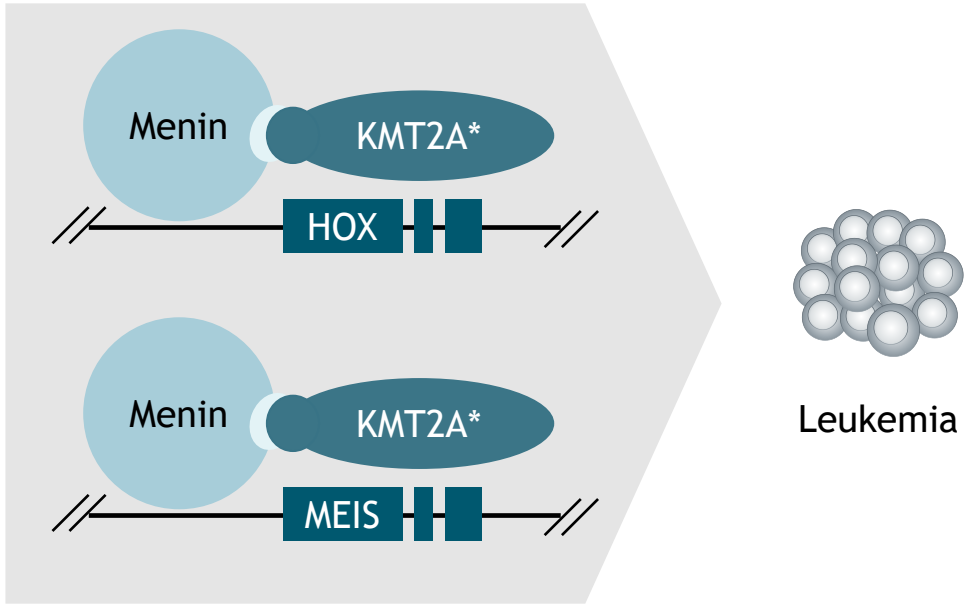
1) Issa, G. C., J. Zarka, K. Sasaki, W. Qiao, D. Pak, J. Ning, et al. (2021). Predictors of outcomes in adults with acute myeloid leukemia and KMT2A rearrangements. 2) Blood Cancer J 11(9): 162. Dohner, H. et al. Blood, 2017; 129(4):424-447; Falini, B.et al. Blood 2011; 117(4):1109-1120. OS = overall response, CR = complete response

Revumenib's unique MOA turns off leukemic transcriptional programs by binding to menin and displacing KMT2A (MLL) complexes

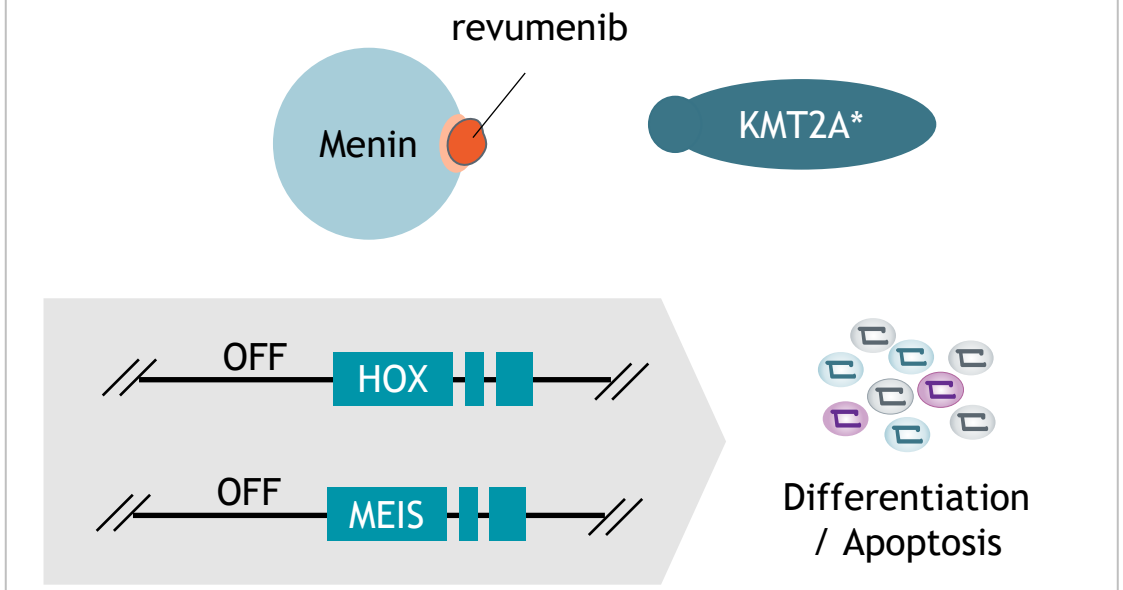
KMT2Ar or mNPM1 acute leukemias



* KMT2A = KMT2A rearrangement (KMT2Ar) or KMT2A wildtype (mNPM1)

Gene transcription **ON**

Menin inhibition with revumenib



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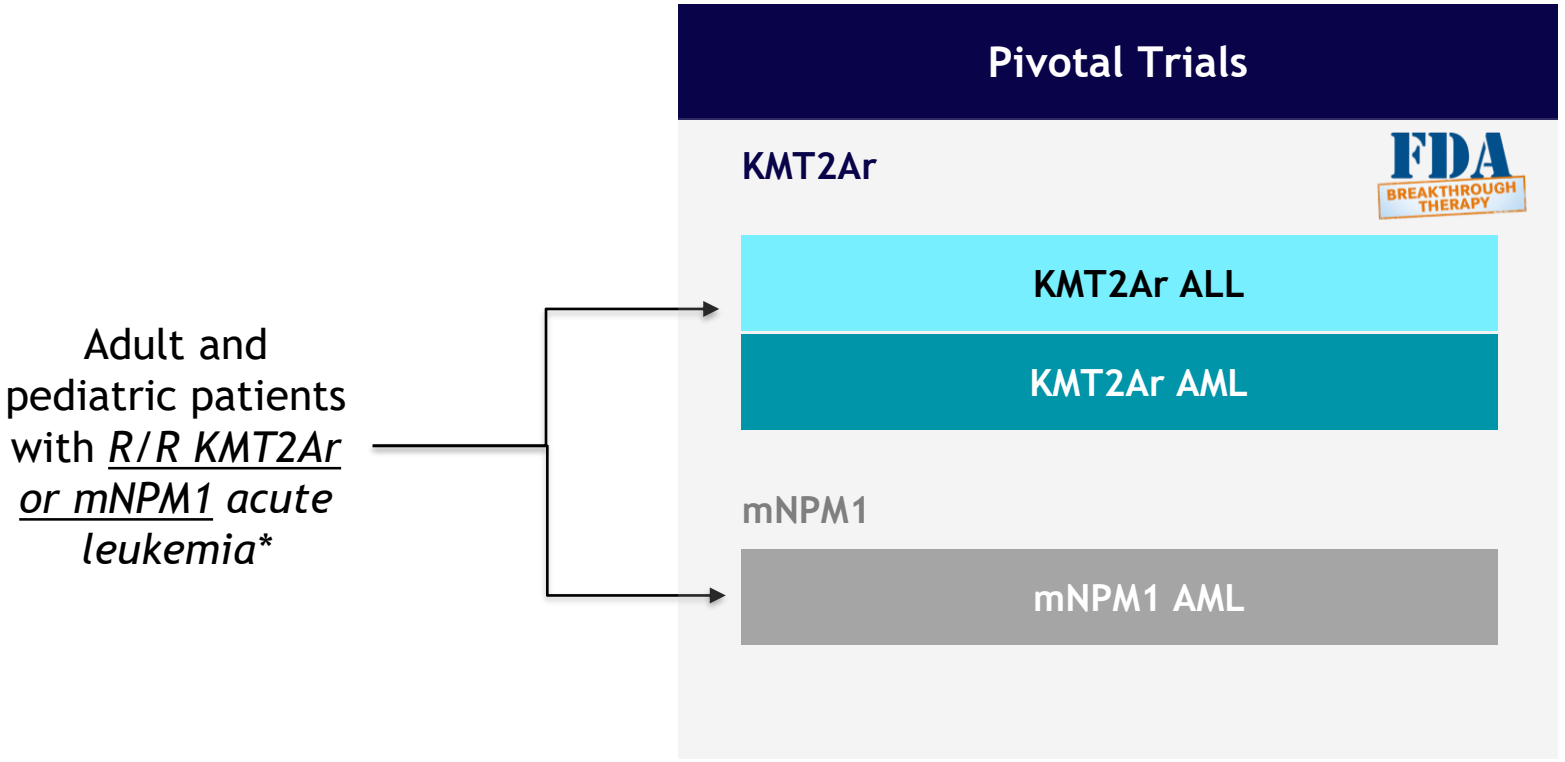
Potential to be first menin inhibitor approved

Graphics adopted from: Uckelmann HJ, et al. Presented at ASH Annual Meeting, 2018

AUGMENT-101 trial assessing revumenib monotherapy in R/R acute leukemia: NDA submission for R/R KMT2Ar expected by year-end



Primary endpoint: **CR Rate (CR + CRh)**

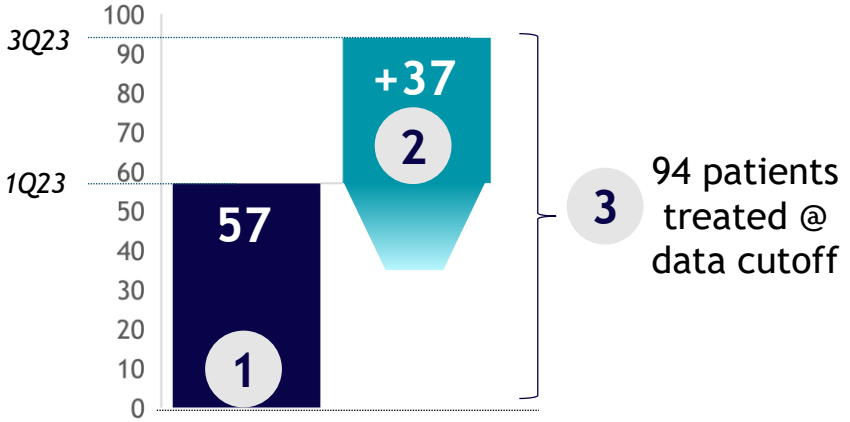
AUGMENT-101 designed to rule out a null-hypothesis of 10% CR/CRh response in pooled R/R KMT2Ar efficacy population

* Efficacy population defined by protocol as KMT2Ar patients who received ≥1 dose and followed for 6 months

Innovative AUGMENT-101 design accelerates time to NDA for KMT2Ar acute leukemia

2H22	1H23	2H23
FDA BREAKTHROUGH THERAPY KMT2Ar* AML + ALL Protocol updated to define KMT2Ar AML + ALL as one pooled population	57th patient enrolled in 1Q23 and followed for 6 months	IDMC reviewed KMT2Ar data; recommended stopping KMT2A cohorts for efficacy

KMT2Ar patients enrolled in AUGMENT-101 pivotal trial



1 **Efficacy evaluable population (n = 57)**
First KMT2Ar* patients dosed with >5% blasts -- followed for 6 months

2 Any other patient enrolled prior to data cutoff who received ≥1 dose of revumenib (n = 37)

3 **Safety population (n = 94):** 1 + 2

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* KMT2Ar population includes centrally confirmed adult + pediatric patients with KMT2Ar AML or ALL

The AUGMENT-101 trial enrolled heavily pretreated R/R KMT2Ar patients

Majority of the patients enrolled in AUGMENT-101 pivotal trial relapsed after salvage therapy

Baseline Characteristics	Efficacy Evaluable n = 57	Safety Population n = 94
Median age, years (range)	34 (1.3,75)	37 (1.3, 75)
Adult, n (%)	44 (77%)	71 (76%)
Pediatric, n (%)	13 (23%)	23 (25%)
Female, n (%)	33 (58%)	56 (60%)
Leukemia type, n (%)		
AML	49 (86%)	78 (83%)
ALL	7 (12%)	14 (15%)
MPAL	1 (2%)	2 (2%)
Disease Status at Baseline, n (%)		
Refractory relapse	32 (56%)	54 (57%)
Median prior therapies (range)	2.0 (1, 11)	2.0 (1, 11)
Stem cell transplant, n (%)	26 (46%)	47 (50%)
Venetoclax, n (%)	41 (72%)	61 (65%)

* Data cutoff of July 24, 2023

AUGMENT-101 pivotal data: Establishes compelling efficacy in KMT2Ar acute leukemia

Best Response	Pooled Efficacy n = 57 (%)	AML Efficacy n = 49 (%)
Overall Response Rate[1]	**36 (63%)**	**32 (65%)**
CR/CRh *(95% Conf. interval); p-value[2]*	13 (23%) *(12.7, 35.8); 0.0036*	12 (24.5%)
CR	10 (18%)	9 (18%)
CRh	3 (5%)	3 (6%)
CRp	11 (19%)	9 (18%)
CRi	1 (2%)	1 (2%)
MLFS	10 (18%)	10 (20%)
PR	1 (2%)	--
MRD^{neg} rate among CR/CRh[3]	**7/10 (70%)**	**6/9 (67%)**

1) ORR = CR+CRh+CRp+CRi+MLFS+PR; 2) 1-sided p-value; 3) 10 of 13 patients with MRD status available

6.4-month median duration of CR/CRh with 6/13 remaining in response at time of the data cutoff

- **~ 2/3 of patients respond to therapy**
- **Deep, durable CR/CRh in both the overall and AML efficacy evaluable populations**

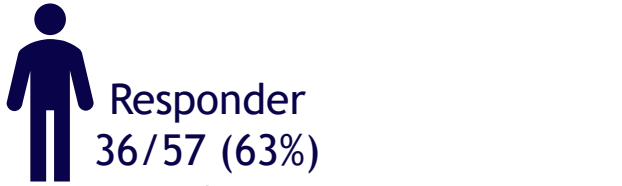
Potential to change the treatment paradigm: post-transplant maintenance in late-stage KMT2Ar

Current benchmark: < 5% R/R KMT2Ar patients taken to transplant[1]

8/14 (**57%**) patients taken to transplant without achieving CR/CRh

71% of patients transplanted received or remain eligible to choose post-transplant maintenance as of the data cutoff

- Longest followed patient initiated cycle 8 of post-transplant maintenance



Received Transplant
14/36 (39%)

Initiated revumenib maintenance post-HSCT	Eligible to initiate*
7/14 (50%)	3/14 (21%)

* Per-protocol, patients can initiate maintenance 30 to 180 days post-HSCT

Revumenib enables physicians to aggressively treat KMT2Ar:

1. **Drives high levels of deep, durable response**
2. **Supports use of potentially curative HSCT followed by revumenib post-transplant maintenance**

1) Issa, G.C., Zarka, J., Sasaki, K. *et al.* Predictors of outcomes in adults with acute myeloid leukemia and *KMT2A* rearrangements. *Blood Cancer J.* **11**, 162 (2021). Data cutoff of July 24, 2023

Safety profile observed among R/R KMT2Ar acute leukemia patients enrolled in AUGMENT-101 pivotal trial consistent with previously reported data

Any-grade treatment-related AEs (≥20%)	Safety Population n = 94
Patients with ≥1 treatment-related AE, n (%)	77 (81.9)
Nausea	26 (28)
Differentiation syndrome	25 (27)
Electrocardiogram QT prolonged	22 (23)

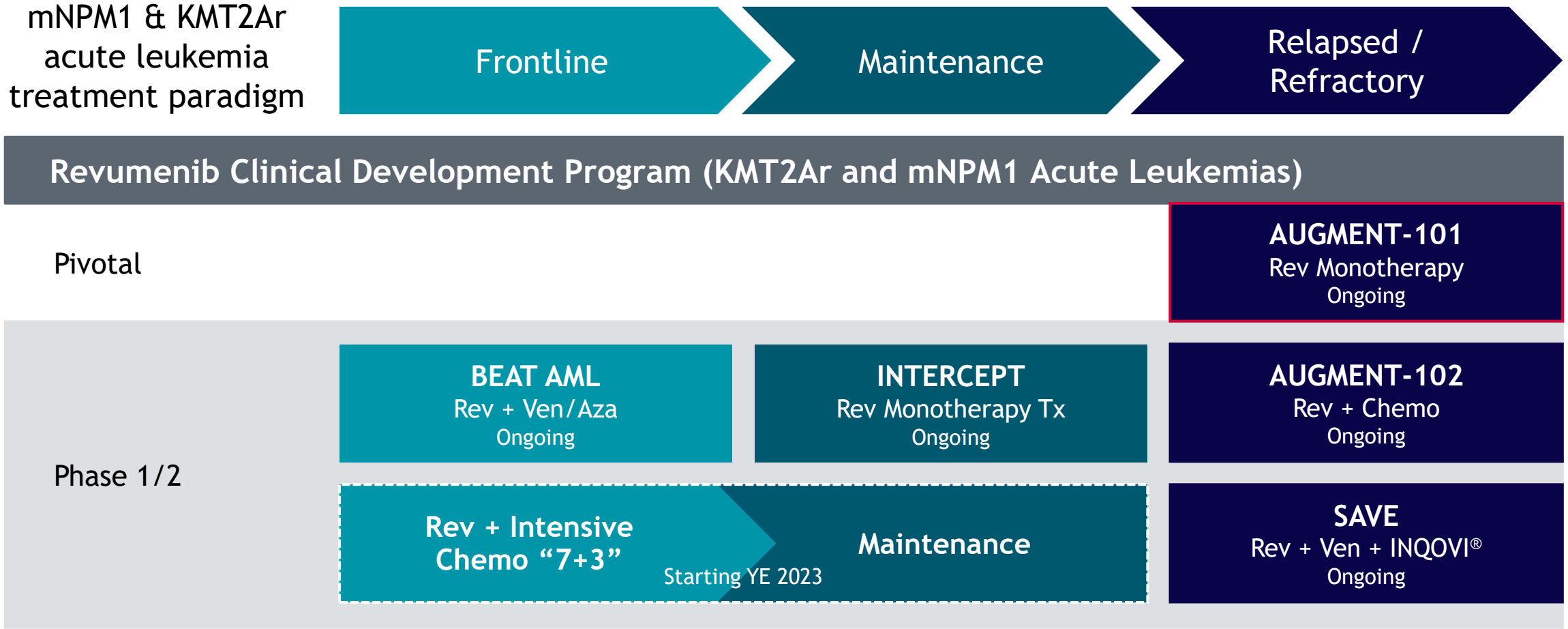
- Only 6% of patients discontinued due to treatment-related adverse events
- No patients discontinued for DS or QT prolongation
- No Grade 4 or 5 QT prolongation
- One Grade 4 and no Grade 5 DS

≥ Grade 3 treatment-related AEs observed in ≥2 patients	Safety Population n = 94
Patients with ≥ Grade 3 treatment-related AE, n (%)	51 (54)
Differentiation syndrome	15 (16)
Electrocardiogram QT prolonged	13 (14)
Febrile neutropenia	13 (14)
Anemia	11 (12)
Platelet count decreased	10 (11)
Neutrophil count decreased	9 (10)
WBC decreased	7 (7)
Thrombocytopenia	5 (5)
Neutropenia	4 (4)
Nausea	3 (3)

ECG, electrocardiogram; QTc, corrected QT interval; DS, differentiation syndrome; Data cutoff of July 24, 2023

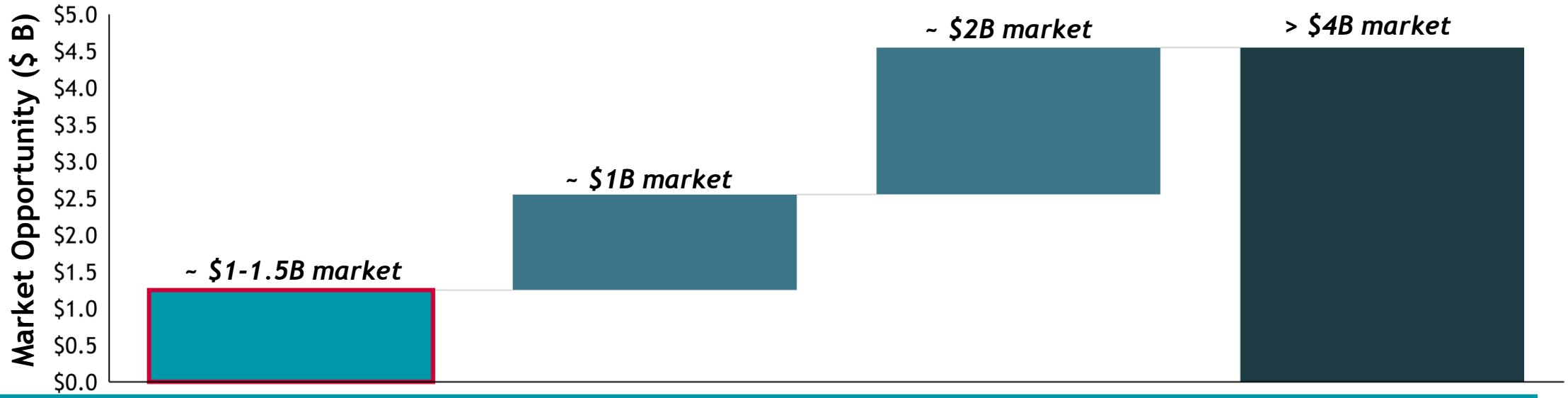
Revumenib could provide significant benefit in mNPM1 and KMT2Ar acute leukemias across the treatment paradigm

Initial data supporting combinability with venetoclax and chemo-based regimens to be presented in 4Q



Revumenib's profile supports use as backbone therapy across treatment continuum — providing access to >$4B US market opportunity

Significant growth potential with indications in earlier lines of treatment



	R/R KMT2Ar + NPM1 Acute Leukemia	1L "Unfit" KMT2Ar + NPM1 Acute Leukemia	1L "Fit" KMT2Ar + NPM1 Acute Leukemia	Total
Est. patient population	5,000 - 6,500	~3,500	~5,500	

Source: Data on file; Redbook 2023

Revumenib: first-in-class drug with blockbuster potential in acute leukemia

Targets highest mutational frequency

- Target population represents 35-40% of AML, 10-15% of ALL, a global incidence >25,000 patients

Excellent benefit-risk profile

- Well tolerated and achieves high rates of MRD-*negative* responses — supporting broad labeling and long-term use
- Consistent safety and efficacy profile across the ~250 patients treated in AUGMENT-101

First & best in a >$4B market

- Potential for first age- and disease-agnostic approval in acute leukemia on track for 2024 with mNPM1 to potentially follow in 2025
- Early data support use as maintenance agent and promise as potential combination partner

Expected upcoming milestones for revumenib

- Present full AUGMENT-101 results at an upcoming medical meeting
- NDA submission in R/R KMT2Ar acute leukemia by year-end 2023
- Initiate a combination trial with intensive chemo (7+3) by year-end 2023
- Additional data from ongoing revumenib studies in 4Q23
- Enrollment completion of mNPM1 cohort by year-end 2023
- Commercial readiness for potential 2024 launch for KMT2Ar

Syndax on cusp of significant transformation with value-creating milestones ahead

- Oncology innovator with proven ability to successfully advance novel, differentiated cancer programs
- Innovative pipeline with strong potential to deliver meaningful clinical benefits to address a large unmet need
- Poised to generate strong near- and long-term value creation with two potential first- and best-in-class targeted hematology medicines addressing significant market opportunities starting in 2024
- Future built on commercialization, pipeline expansion opportunities and balance sheet strength