Syndax

Reimagining Cancer Treatment

Corporate Presentation

November 2026





Forward-looking statements disclosure

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Syndax is delivering for patients and positioned to build long-term value



TRACK RECORD OF SUCCESS

Proven ability to translate scientific discoveries into novel therapies, with three FDA approvals between two drugs and thousands of patients treated



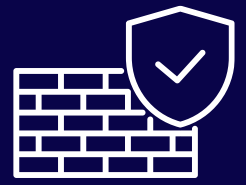
WORLD-CLASS R&D CAPABILITIES

Fully integrated biotech with deep expertise and strong partnerships with leading researchers



MULTIPLE SHOTS ON GOAL

Two drugs with compelling expansion opportunities + two differentiated pipeline assets; strong patent protection into at least late 2030s[1]



SOLID FINANCIAL POSITION

Driving towards profitability with growing revenues; fully funded to advance late-stage trials and pipeline assets

1. Patent protection into at least late 2030s for Revuforj and Niktimvo and at least 2040s for SNDX-4321 and SNDX-62122.

Strong 3Q26 commercial growth and progress across our pipeline

Growing revenue from two medicines

$61M Revuforj®

3Q26 net revenue (+90% y/y)

- **Dominant share** of new patients and revenue for the class
- **20% q/q increase in new patients** and growing use post-HSCT
- **$2B+ peak** annual net revenue expected in the U.S. alone[1]

$67M Niktimvo™

3Q26 net revenue (+47% y/y)

- **$23M** in collaboration revenue to Syndax—a meaningful contribution to our bottom line
- **Collaboration revenue currently annualizing at $90M+**

Advancing expansion opportunities

- Frontline (1L) trials of Revuforj and Niktimvo underway; positioned to be **first to 1L AML with a menin inhibitor**
- **Major presence planned at ASH, including new revumenib data** across the acute leukemia Tx continuum
- **Two novel pipeline assets** expected to enter the clinic in 2027

Poised to unlock significant value with two drugs with blockbuster potential and a differentiated pipeline

1. Estimated peak annual U.S. net revenue potential is inclusive of anticipated frontline indications.
Market share estimates based on prescription and claims data on file. y/y, year-over-year; q/q, quarter-over-quarter; Tx, treatment; HSCT, hematopoietic stem cell transplant

Revuforj® (revumenib)

REVUFORJ IS FDA-APPROVED FOR MULTIPLE PATIENT SUBTYPES



NOW APPROVED FOR A SECOND INDICATION

ONE MENIN INHIBITOR **MULTIPLE INDICATIONS**

As the one menin inhibitor with two FDA-approved indications, Revuforj has the power to target multiple acute leukemia subtypes[1]

First and only menin inhibitor approved in adults & children ≥1 year of age with:

R/R acute leukemia with KMT2A translocation

R/R AML with NPM1 mutation

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Revuforj is FDA approved for the treatment of R/R acute leukemia with a KMT2A translocation as determined by an FDA-authorized test in adult and pediatric patients 1 year and older. Revuforj is also indicated for the treatment of R/R acute myeloid leukemia (AML) with a susceptible NPM1 mutation in adult and pediatric patients 1 year and older who have no satisfactory alternative treatment options.

Double-digit q/q growth in Revuforj net revenue, new patients, and TRx

Revuforj® 3Q26 results

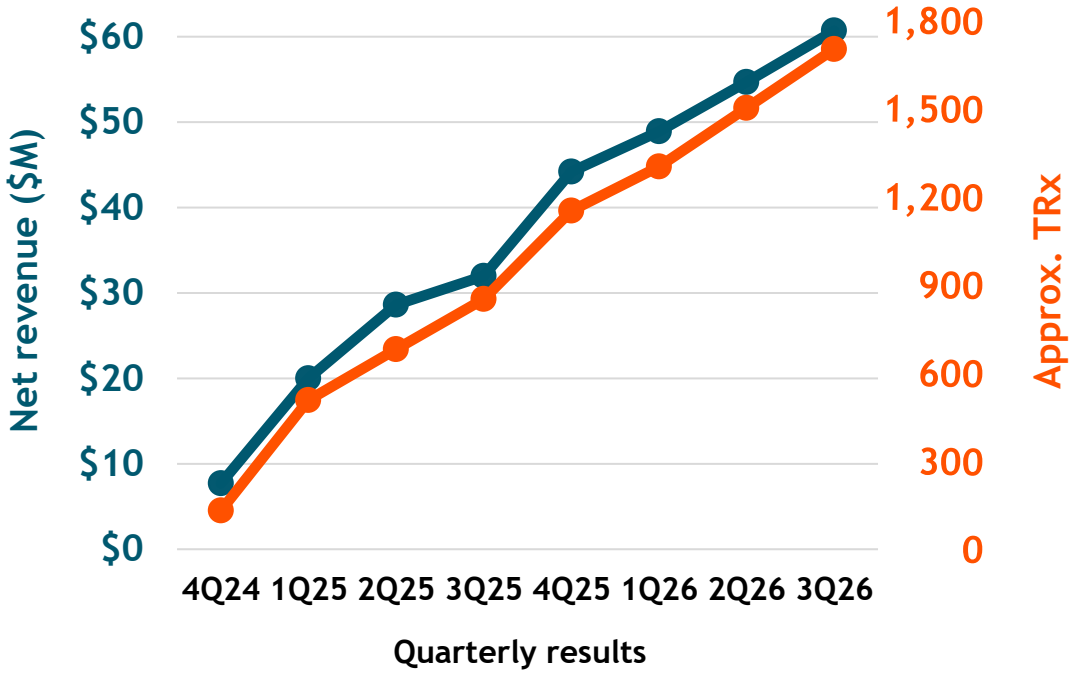
$60.7M
net revenue
90% growth vs. 3Q25
11% growth vs. 2Q26

~1,700
total prescriptions
~100% growth vs. 3Q25
~13% growth vs. 2Q26

~300 new patient starts
~20% q/q growth

Dominant share of new patient starts for the class

Seven consecutive quarters of double-digit q/q net revenue and TRx growth



Growth reflects strong uptake in two indications and a growing number of patients on Tx post-HSCT

TRx, total prescriptions; HSCT, hematopoietic stem cell transplant; Tx, treatment; q/q, quarter-over-quarter

Revuforj's strong growth potential supported by multiple evolving Tx dynamics

Growing adoption in R/R NPM1m AML

~50%

of new 3Q26 patients were NPM1 patients

>35%

of 3Q26 net revenue from NPM1 business

Continued use early in the R/R Tx paradigm and in combination

~75% of use in 2L/3L

~40% of use in combo

Robust transplant rates observed in *both* R/R KMT2A and NPM1

	% proceeding to HSCT	% resuming Tx post-HSCT
KMT2A	~50%	~60%
NPM1	~40%	~50%

Estimates based on claims, prescription, and lab data on file.

Excellent foundation to continue driving growth in both Revuforj indications

Revuforj® 3Q26 Metrics

Broad and expanding prescriber base



>90%
of Tier 1+2 accounts activated

>620
total accounts (+8% q/q growth)

Growing adoption in centers of all sizes

Excellent payer coverage with no meaningful barriers to access



99%
of all covered lives with formulary coverage for both Revuforj indications

All covered lives includes all commercially covered lives plus Medicare and Medicaid lives.

Syndax is positioned to be first to 1L AML with Revuforj, building on a long history of delivering landmark ‘firsts’

2020

First to clinically validate menin inhibition

2023

First to report positive pivotal R/R KMT2Ar data

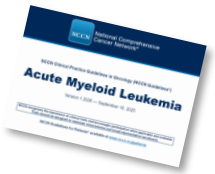
2024

First FDA approved menin inhibitor

Revuforj® (revumenib) tablets 25 mg • 110 mg • 160 mg

First to report positive pivotal R/R NPM1m data

First menin inhibitor added to NCCN Guidelines®



2025

First to initiate pivotal 1L trial of a menin inhibitor

First to receive FDA approval in R/R NPM1m AML

Revuforj® (revumenib) tablets 25 mg • 110 mg • 160 mg

First to discover potential for menin inhibition in MF

First to publish clinical data showing activity in R/R NUP98r

First to 1L AML

Completed milestones

Anticipated milestones

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1L, frontline; R/R, relapsed or refractory; RWE, real-world evidence

Niktimvo™ (axatilimab-csfr)

Niktimvo is poised to deliver on the promise of CSF-1R inhibition in cGVHD



First and only CSF-1R-blocking antibody FDA approved in ≥3L cGVHD

Novel MoA in cGVHD to address inflammation and fibrosis

Trials underway in 1L cGVHD to further unlock multi-billion-dollar opportunity

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cGVHD, chronic graft-versus-host disease; MoA, mechanism of action

Strong Niktimvo 3Q26 results driven by robust demand and solid persistency

$67.4M

3Q26 net revenue reported by INCY

47% growth vs. 3Q25

12% growth vs. 2Q26

$22.6M

3Q26 collaboration revenue to SNDX

63% growth vs. 3Q25

25% growth vs. 2Q26

>300

3Q26 new patients

~6,350

3Q26 infusions administered

Collaboration revenue currently annualizing at $90M+

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Syndax records 50% of the Niktimvo net commercial profit, defined as net revenue (recorded by Incyte) minus the cost of sales and commercial expenses.

Advancing a robust and growing pipeline with a proven R&D engine

Syndax is built to deliver innovative therapies in areas of high unmet need

WORLD-CLASS R&D ORGANIZATION

- Talented team with extensive experience developing novel medicines and building leading franchises
- Trailblazers in menin, CSF-1R, and EGFR inhibition

PARTNERSHIPS WITH LEADING RESEARCHERS

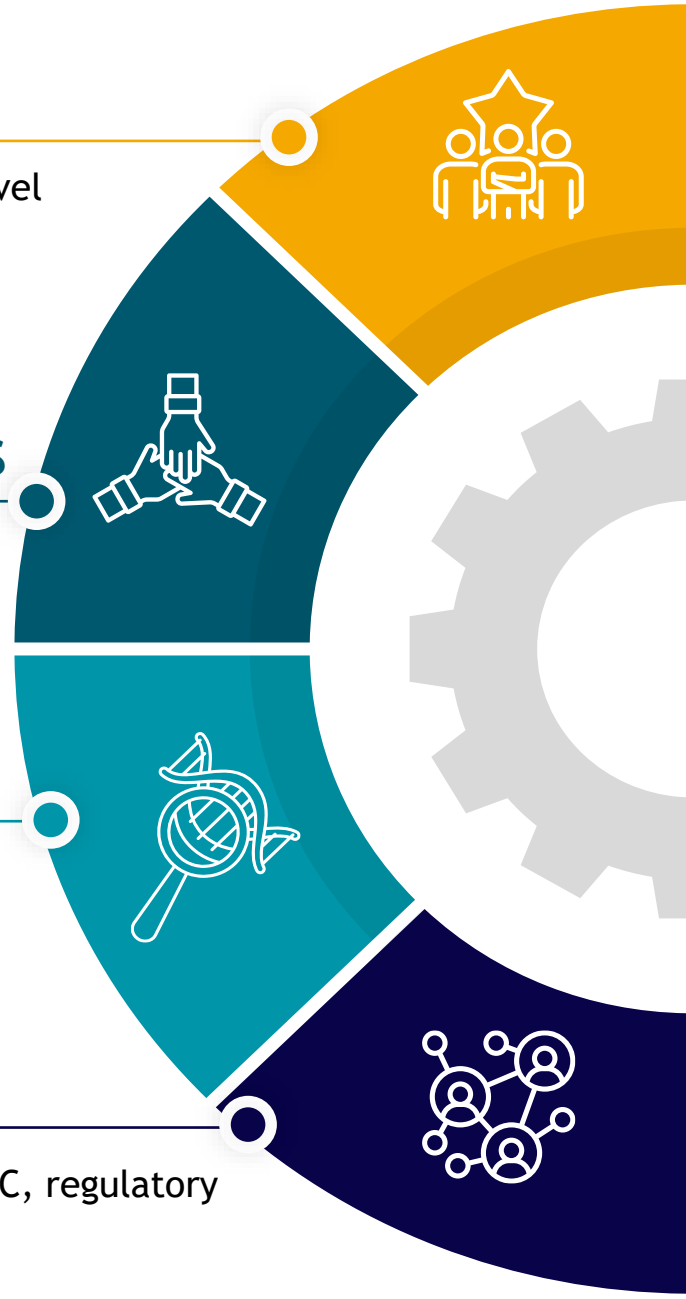
- New discoveries catalyzed by long-standing collaborations with leading researchers

DEEP MECHANISTIC UNDERSTANDINGS

- Proven ability to follow the science to deliver groundbreaking new treatments

FULLY INTEGRATED CAPABILITIES

- In-house expertise spanning discovery, development, CMC, regulatory approval, and commercialization
- Right-sized for innovation and rapid decision making



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Advancing multiple programs and novel assets targeting high unmet needs

Life-cycle management



Revuforj® (revumenib) tablets

Multiple ongoing trials across the acute leukemia Tx continuum; **positioned to be first to 1L AML**

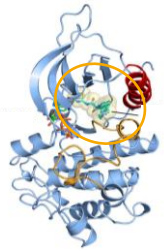


Niktimvo™ (axatilimab-csfr)

Two ongoing combination trials with ruxolitinib or corticosteroids **targeting 1L chronic GVHD**

+

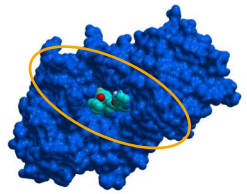
Pipeline assets



SNDX-4321

Mutant-selective allosteric EGFR inhibitor for NSCLC

IND submission expected by YE26; demonstration of monotherapy activity anticipated early 2028



SNDX-62122

Next-generation menin inhibitor for MF

Ph 1 initiation expected 4Q27, building on planned proof-of-principle trial of revumenib in MF

FOUR INNOVATIVE ASSETS EXPECTED IN THE CLINIC IN 2027

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NSCLC, non-small cell lung cancer; MF, myelofibrosis; 1L, frontline

Pioneering menin inhibition with an industry-leading integrated evidence generation plan

Revumenib (select acute leukemia trials)						Ph 1	Ph 2	Ph 3	FDA Approved
Setting	Study Name	Regimen	NPM1m	KMT2Ar	NUP98r				
R/R	AUGMENT-101	Rev mono	•	•					
	AUGMENT-102	Rev + IC	•	•	•				
	SAVE	Rev + ven/oral HMA	•	•	•				
	Borate study	Rev + gilt in FLT3 co-mutated	•	•	•				
Post-HSCT Maintenance	Ball study	Rev mono	•	•					
	MenTain	Rev mono	•	•	•				
MRD clearance	INTERCEPT	Rev mono	•	•					
	Break *Through* Cancer	Rev + ven	•	•	•				
1L Unfit for IC	BEAT AML	Rev + ven/aza	•	•					
	SAVE	Rev + ven/oral HMA	•	•	•				
	EVOLVE-2	Rev + ven/aza	•	•					
1L Fit for IC	708 and NCI	Rev + IC	•	•	•				
	REVEAL-ND	Rev + IC	•						
	RAVEN	Rev + ven/aza		•					

Major presence planned for upcoming medical meetings

New data expected in 4Q26 from:

- **1L combo trials**
  - BEAT AML
  - SAVE
  - 708
- **MRD relapse study**
  - INTERCEPT
- **Pre- and post-transplant setting**
- **Real-world studies**

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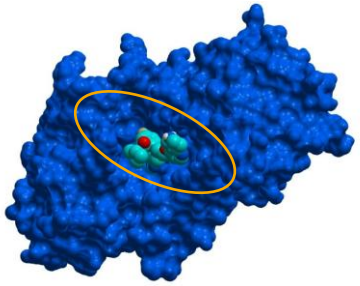
Rev, revumenib; IC, intensive chemotherapy; 1L, frontline; R/R, relapsed or refractory; ven/aza, venetoclax and azacitidine; HMA, hypomethylating agent; HSCT, hematopoietic stem cell transplantation; gilt, gilteritinib

Leading menin inhibition into the future with a library of next-gen molecules plus the ability to leverage revumenib to de-risk development in new areas

Library of internally developed next-gen menin inhibitors



SNDX-62122 next-generation menin inhibitor



- Molecules will be deployed in new areas, starting with MF
- Rationally designed molecules informed by our deep molecular understanding of revumenib's interaction with menin
- Wholly owned assets with no financial encumbrances
- Multiple distinct scaffolds with composition of matter patents into late 2040s

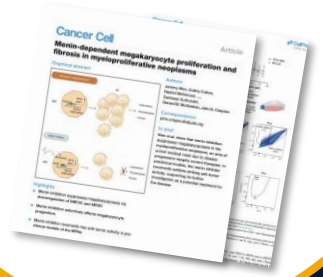
- 1st molecule to emerge from our library
- IND submission in MF expected in 2027
- Profile:
  - ✓ Higher potency
  - ✓ Increased selectivity
  - ✓ Optimized PK
  - ✓ Active against common resistance mutations

Revumenib will be leveraged in preclinical and proof-of-principle clinical studies to generate data that informs development of next-gen molecules in new therapeutic areas

Leveraging revumenib to inform and de-risk development of SNDX-62122 in MF

Anticipated path forward

✓ Publish preclinical MF data



Initiate revumenib proof-of-principle MF trial in 4Q26

Submit IND for SNDX-62122 (next-gen menin inhibitor) in 2027

Initiate Ph 1 of SNDX-62122 in MF in 4Q27, leveraging learnings with revumenib

Proof-of-principle trial with revumenib expected to generate data that will inform the trial design and dosing of SNDX-62122 in MF

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IND, investigational new drug

Phase 1/2 proof-of-principle trial of menin inhibition in MF expected to initiate in 4Q26 in partnership with the MPN-RC consortium

The Myeloproliferative Neoplasm Research Consortium (MPN-RC) is a group of leading researchers from 15 institutions

Key inclusion criteria:

- Myelofibrosis (MF) diagnosis
- Post-ET MF
- Post-PV MF
- DIPSS Int-1 or higher
- Platelet count ≥ 75 x 10^9/L

(N ≈ 30)

R/R MF following treatment with JAKi

Revumenib monotherapy

Objectives

- **Primary: Safety** (DLT)
- Secondary: ORR, CR, PR, CI after 6 cycles, symptom burden, and spleen size

Newly diagnosed MF treated with JAKi ≥12wks with suboptimal response

Revumenib + JAKi

Objectives

- **Primary: Efficacy** (ORR, CR, PR, CI after 6 cycles)
- Secondary: Safety/DLT, symptom burden, and spleen size

Correlatives to be assessed:

- Platelets, WBC
- MK cells, bone marrow fibrosis
- Cytokines (TNF-α, TGF-β, IL-6)
- VAF

Validation of revumenib clinical activity in MF anticipated in 2H27

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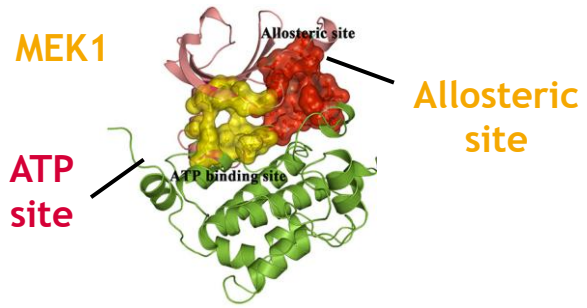
Post-ET MF, post-essential thrombocythemia myelofibrosis; Post-PV MF post-polycythemia vera myelofibrosis; DIPSS: Dynamic International Prognostic Scoring System; ORR, overall response rate; CR, complete remission; PR, partial remission, CI, clinical improvement; WBC, white blood cells; MK, megakaryocyte; VAF, variant allele frequency; JAKi, JAK inhibitor; DLT, dose limiting toxicity

Expanding our pipeline into EGFRm NSCLC with SNDX-4321

Allosteric inhibitors are increasingly reshaping the standard of care for difficult-to-treat cancers

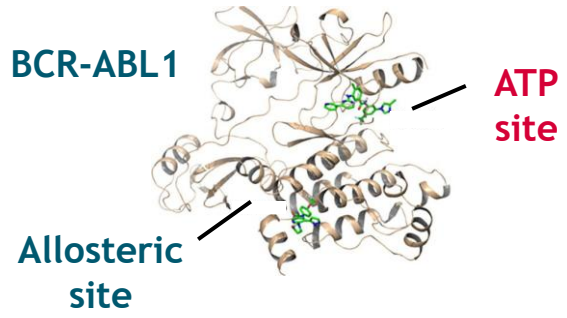
Melanoma

Trametinib (Mekinist)



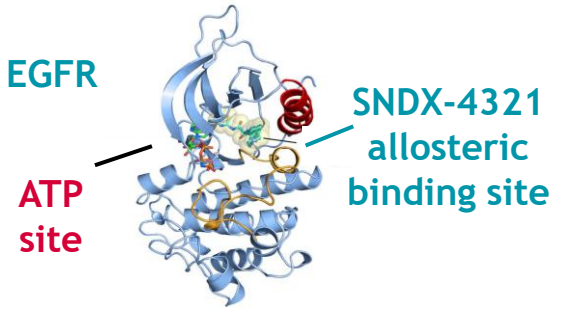
Chronic myeloid leukemia

Asciminib (Scemblix)



EGFRm NSCLC

SNDX-4321



2013 — 2021 — Future

Allosteric inhibitors bind to non-active sites rather than the ATP-binding site on tyrosine kinases; their binding induces a conformational change that 'locks' the kinase in an inactive state

Allosteric approaches can modulate kinase activity with high specificity, optimizing on-target efficacy while reducing off-target toxicity

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Zhu et al. Int J Mol Sci 2020; Schoepfer et al. J Med Chem 2018.

Current and investigational therapies for EGFRm NSCLC primarily target the ATP-binding site

3rd gen approved EGFRi

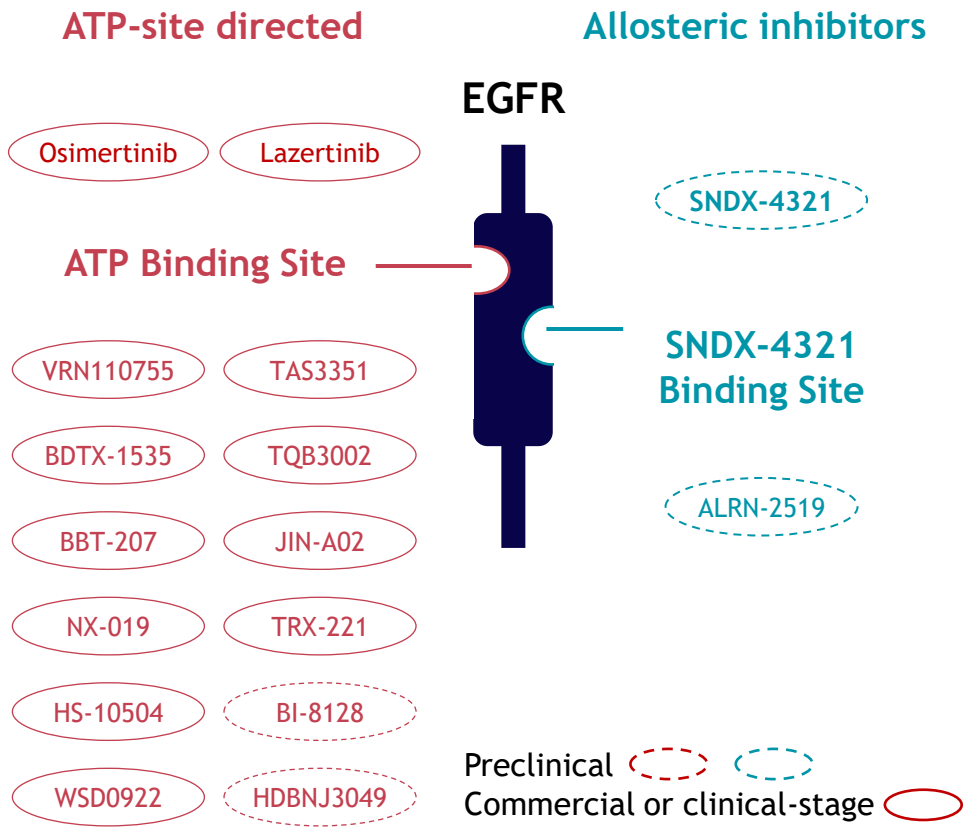
- Reduced benefit for patients with L858R, CNS metastases, or atypical activating mutations

4th gen investigational EGFRi

- Primarily target osimertinib on-target resistance (C797S), limiting benefit to a small patient population

Bispecific antibodies and ADCs

- Limited by significant toxicities and route of administration

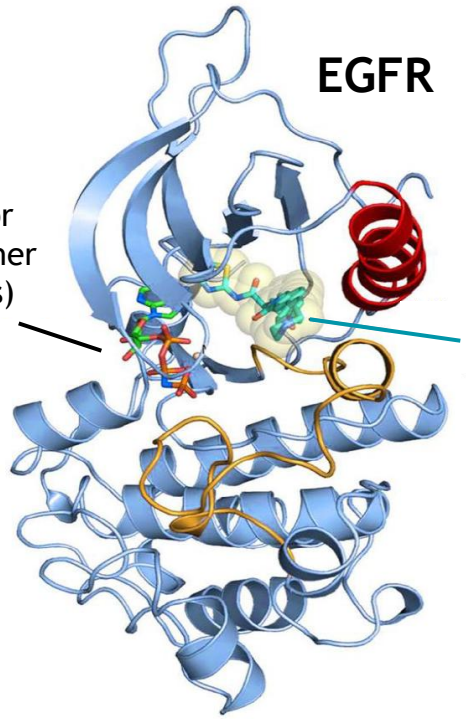


Syndax aims to address significant unmet needs in EGFRm NSCLC with a new approach

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Note: This is an illustrative figure that does not depict every approved or investigational therapy targeting EGFRm NSCLC.
EGFRi, EGFR inhibitor

SNDX-4321 is a novel, mutant-selective, CNS-penetrant, allosteric EGFR inhibitor for NSCLC



SNDX-4321 binds at a pocket adjacent to the active (ATP) site that is only accessible with L858R and certain other EGFR mutations

- **Novel approach to addressing patient populations with high unmet needs**, such as those with L858R mutations, CNS metastases, atypical activating mutations, or acquired resistance to current drugs
- **Allosteric approach allows for:**
  - ✓ SNDX-4321 and ATP-site directed drugs (e.g., Tagrisso) to bind EGFR at the same time **('double drugging' may enhance efficacy and delay resistance)**
  - ✓ High selectivity **(supports tolerability and combination potential)**
- **IND submission expected by YE26**; demonstration of monotherapy activity anticipated early 2028

Corporate highlights and upcoming milestones

Strong financial position with growing revenue and a robust balance sheet

Financial Summary *($ in millions)*	Three Months Ended Sept 30	
	2026	2025
Product revenue, net (RevuForj)	60.7	32.0
Collaboration revenue, net (Niktimvo)	22.6	13.9
Total revenues	**83.3**	**45.9**
Cost of product sales	(14.0)	(2.1)
Research & development (R&D)	(67.5)	(56.3)
Selling, general and administrative (SG&A)	(43.7)	(44.9)
Total operating expenses	**(125.2)**	**(103.3)**
Other (expense) income, net	(7.5)	(3.3)
Net loss	**(49.4)**	**(60.7)**

On the road to profitability

AS OF 30 SEPT 2026:

$551.1M
in cash and equivalents[1]

90.0M
shares outstanding

2026 R&D + SG&A EXPENSE GUIDANCE:

$400M, excluding $50M in expected stock option expense

Totals may not sum due to rounding; 1. Includes short- and long-term investments.

Multiple near-term catalysts and value-creating opportunities

Anticipated milestones

Revuforj (revumenib) & SNDX-62122

Acute Leukemia

- Advance global enrollment in pivotal 1L trials of revumenib
- New 1L, maintenance, real-world, and MRD relapse data in 4Q26 + beyond
- Publish R/R NUP98r data in 4Q26 and submit publication to clinical guidelines

Myelofibrosis

- Initiate Ph 1/2 proof-of-principle trial of revumenib in 4Q26; initial data 2H27
- Submit IND and initiate Ph 1 SNDX-62122 trial in 4Q27

Niktimvo (axatilimab-csfr)

Frontline Chronic GVHD

- Topline Ph 2 axatilimab + ruxolitinib data at a medical meeting in 1Q27
- Topline Ph 3 axatilimab + corticosteroid data early 2028

SNDX-4321

EGFR-mutated NSCLC

- Submit IND by YE 2026
- Initiate Ph 1 trial in 2027; initial data early 2028



FUELED BY A PASSION FOR PATIENTS

