Syndax

Reimagining Cancer Treatment

Third Quarter Financial Results Presentation / November 5, 2024

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Syndax is delivering on transformative milestones

- **Received FDA approval for Niktimvo™** (axatilimab-csfr) in chronic graft-versus-host disease (GVHD), in partnership with Incyte
- Completed **$350 million royalty funding** agreement for Niktimvo
- Published pivotal **Niktimvo data in the *NEJM*** and announced the inclusion of **Niktimvo in the NCCN Guidelines®**
- Published pivotal revumenib **R/R KMT2Ar acute leukemia data in *JCO***
- **New revumenib and Niktimvo clinical data** accepted for presentation at 66th ASH Annual Meeting

Focused on executing **major near-term catalysts**, including pivotal R/R mNPM1 data, anticipated approval in R/R KMT2Ar, and U.S. Niktimvo launch

AUGMENT-101: New data from R/R KMT2Ar acute leukemia cohort highlight revumenib's compelling clinical profile

ASH 2024 abstract #211

Compared to previously reported interim analysis presented at ASH 2023, this updated analysis increases the size of the Phase 2 safety and efficacy population (DCO: Feb 2024)

Ph 2 Safety Population - Patient Characteristics (N=116)	
Years of age, median (range)	36 (0.6 – 75)
<18 years	28 (24%)
≥65 years	14 (12%)
Female	67 (58%)
Prior lines of therapy, median (range)	2 (1-11)
≥3 prior lines	51 (44%)
Prior venetoclax	73 (63%)
Prior HSCT	59 (51%)

Ph 2 Efficacy Population (n=97)	
ORR	**62 (64%)**
CRc	41 (42%)
CR/CRh	22 (23%)
Median duration of CR/CRh	6.4 months
MRD^{neg} CR/CRh*	**11/18 (61%)**
MRD^{neg} CRc*	**21/36 (58%)**
Proceeded to HSCT	**21/62 (34%)**
Resumed revumenib post-HSCT	9/21 (43%)

Robust responses in heavily pretreated patients, consistent with previously reported data

High rates of MRD negativity and HSCT

Generally well-tolerated, with **low rates of treatment discontinuation** due to TEAEs (14%) or TRAEs (5%)

Data cutoff: February 29, 2024.
* Not all patients had MRD status reported.
ORR = CR+CRh+CRp+CRi+MLFS+PR; CRc = CR+CRh+CRp+CRi. R/R, relapsed or refractory; KMT2Ar, KMT2A rearrangement; HSCT, Haematopoietic stem cell transplant; TRAE, treatment-related adverse event; TEAE, treatment-emergent AE; MRD, minimal residual disease

AUGMENT-101: Longer follow-up from KMT2Ar interim analysis population highlights revumenib's durability

ASH 2024 abstract #211

Efficacy Evaluable Population at Ph 2 Interim Analysis (n=57)	
Overall response rate (ORR)	36 (63%)
CR/CRh	13 (23%)
Median duration of CR/CRh (DCO: July 2023)	6.4 months (95% CI: 3.4 – NR)
Median duration of CR/CRh (DCO: Feb 2024)	13 months (95% CI: 3.4 – NR)

5/13 patients remained in follow-up with no relapse or death as of the February DCO

Continued treatment and follow-up show **durable responses** in patients with CR/CRh

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R/R, relapsed or refractory; KMT2Ar, KMT2A rearrangement; DCO, data cut off; CR, Complete remission; CRh, Complete remission with partial hematologic recovery

SAVE: Revumenib-ven/HMA combo in R/R AML resulted in high rates of remission, MRD negativity & HSCT

ASH 2024 abstract #216

Patient Characteristics (n=26)	
Years of age, median (range)	35 (12-79)
KMT2Ar/mNPM1/NUP98r enrolled, n	11/10/5
Prior lines of therapy, median (range)	3 (1-5)
Prior venetoclax	17 (65%)
Prior HSCT	11 (42%)

Safety Highlights

- Safety profile with revumenib similar to profile for venetoclax/HMA alone
- TRAEs (any agent) Grade ≥3: thrombocytopenia (12%), neutropenia (8%), QT prolongation (8%), and DS in 1 patient (4%; Grade 3)

Responses (n=26)	
ORR	**23 (88%)**
CR	12 (46%)
CRh	3 (12%)
CRp	3 (12%)
PR	1 (4%)
MLFS	4 (15%)
MRD^{neg} all responders	**17/23 (74%)**
MRD^{neg} CR/CRh	**13/14 (93%)**
Median duration of CR/CRh response	Not reached
Proceeded to HSCT	**12/26 (46%)**
Resumed revumenib post-HSCT	3/12 (25%)

With a median follow-up of 6.6 months, **6-month RFS was 59% and OS was 74%**

In addition to the R/R cohort, a frontline cohort is now enrolling

Data cut off: July 22, 2024. Ven, venetoclax; HMA, Hypomethylating agent (decitabine/cedazuridine); R/R, relapsed or refractory; KMT2Ar, KMT2A rearrangement; HSCT, Haematopoietic stem cell; MRD, minimal residual disease; RFS, relapse free survival; OS, overall survival; TRAEs, treatment-related adverse events; DS, differentiation syndrome

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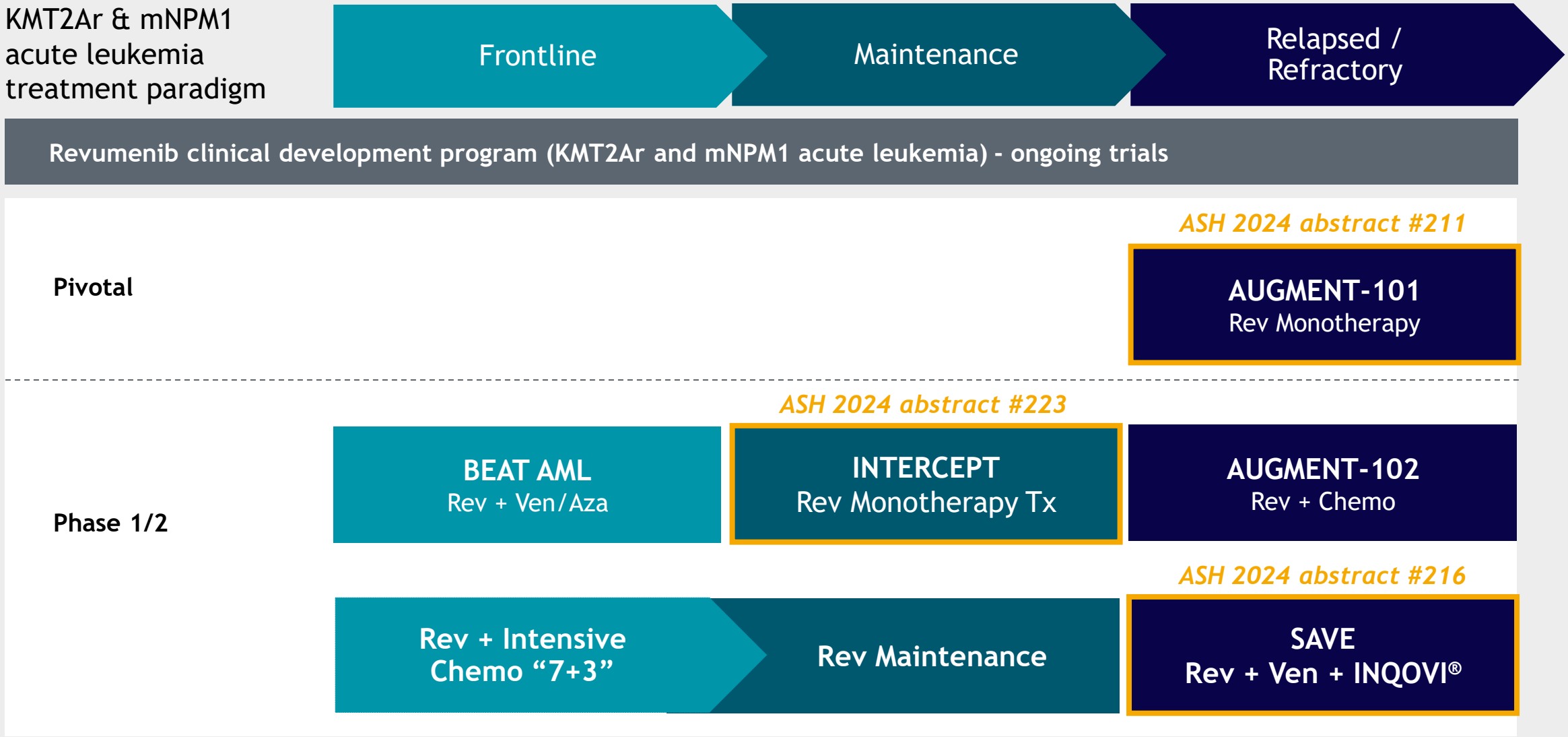
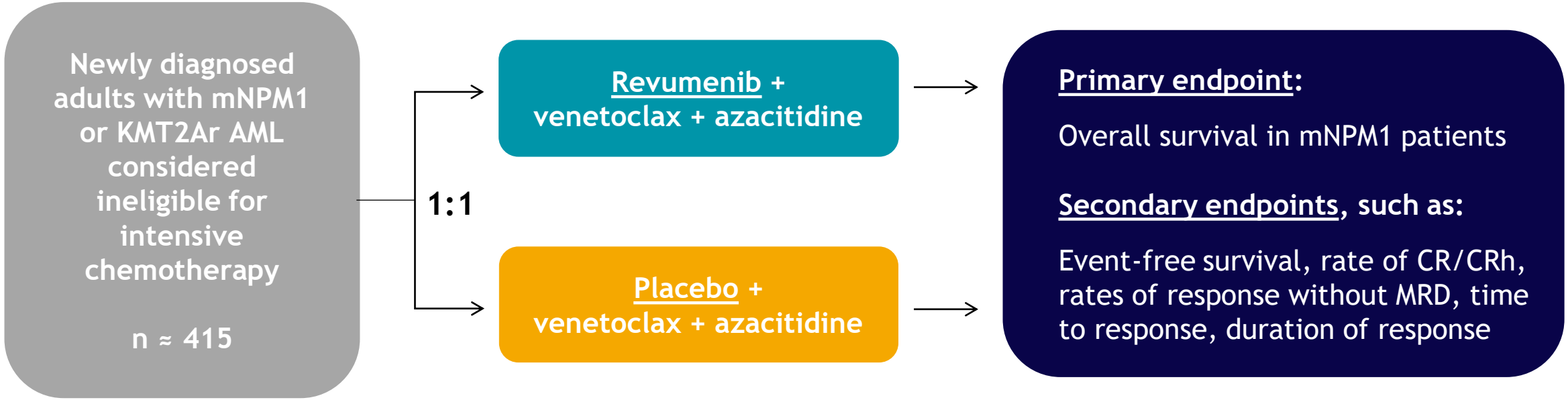
Revumenib could provide significant benefit in KMT2Ar and mNPM1 acute leukemias across the treatment paradigm



Pivotal frontline trial of revumenib + ven/aza on track to initiate by YE24

Frontline triplet will be studied in a randomized, double-blind, placebo-controlled, clinical trial in collaboration with the HOVON network



Pivotal revumenib topline readout in R/R mNPM1 AML on track for 4Q24

mNPM1 AML Disease Background

NPM1 mutations are the **most common** genetic alterations in AML

~30% **of AML patients** have *NPM1* mutations

On average, mNPM1 patients are **older, and less fit for HSCT** than KMT2Ar

R/R mNPM1 AML patients have a **poor prognosis and high unmet need**

Issa G., et al. Clinical outcomes associated with NPM1 mutations in patients with relapsed or refractory AML. Blood Adv. 2023; 7(6):933-942.
HSCT, hematopoietic stem cell transplantation

Niktimvo (axatilimab-csfr) is now FDA approved in the U.S.

Niktimvo™ (axatilimab-csfr)

- ✓ **FDA approved** for treatment of chronic GVHD after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg
- ✓ Included **in NCCN Guidelines®**
- ✓ Preparing for **U.S. launch** no later than early 1Q25

Syndax and Incyte are co-commercializing Niktimvo in the U.S.

	Within U.S.	*Outside U.S.*
Syndax	30% sales effort 50% profit	Double-digit royalties and milestones
Incyte | SOLVE ON.	70% sales effort 50% profit	Exclusive rights to commercialization

Niktimvo clinical development programs

Underway:

- Ph 2 MAXPIRe trial in idiopathic pulmonary fibrosis (IPF)
- Ph 2 frontline combo trial with Jakafi® in cGVHD

In preparation:

- Ph 3 frontline combo trial with steroids in cGVHD

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hematopoietic Cell Transplantation (HCT). Version 2.2024 – August 30, 2024.

Syndax is uniquely positioned to establish a successful menin franchise

Revumenib is positioned for success

Opportunity to secure significant **first-to-market advantages**, starting with R/R KMT2Ar

Launch-ready organization comprised of professionals with extensive heme-onc experience

Compelling clinical data across the broadest population to date for a menin inhibitor

Only late-stage menin inhibitor with a development program that supports use in **both adults and pediatrics**

Poised for unique launch trajectory, as positive data from upcoming pivotal readout in R/R mNPM1 AML could support a sNDA filing and fast-follow indication

Financial highlights and financial guidance

Ticker	SNDX (NASDAQ)
Cash and equivalents✦ (30 September 2024)	$399.6 M
Shares outstanding* (30 September 2024)	85.6 M

2024 Operating Expense Guidance	
	FY24
Research and development	$245 – $250 M
Total operating expenses^	$365 – $370 M

Syndax expects that its cash, cash equivalents and marketable securities, together with the $350 M from the sale of a portion of the Niktimvo royalty and anticipated product revenue and interest income, enables the company to reach profitability

* Includes pre-funded warrants to purchase 285,714 common shares (rounded)
^ Includes an estimated $41 million in non-cash stock compensation expense for the full year 2024
✦ Includes short- and long-term investments

Expected upcoming milestones

REVUMENIB

Menin-KMT2A disruption

- Presentation of acute leukemia data at ASH 2024
- Pivotal data from AUGMENT-101 R/R mNPM1 AML cohort in 4Q24; potential sNDA filing in 1H25
- PDUFA action date of December 26, 2024, in R/R KMT2Ar acute leukemia, followed by immediate launch
- Initiation of pivotal combination trial with ven/aza in newly diagnosed mNPM1 or KMT2Ar acute leukemias by YE24

Niktimvo (axatilimab-csfr)

CSF-1R inhibition

- Presentation of additional AGAVE-201 data at ASH 2024
- Launch in refractory chronic GVHD no later than early first quarter 2025
- Chronic GVHD frontline combination trial with steroids in preparation
- Topline readout from Phase 2 IPF trial in 2026