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Reimagining Cancer Treatment

FDA Approval of Revuforj® (revumenib) in R/R NPM1 Mutated AML

October 24, 2025

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Agenda for today's call

1. **Opening Remarks & Key Highlights**
   Michael Metzger, Chief Executive Officer

2. **Revuforj (revumenib) Label & Supporting Data**
   Dr. Nick Botwood, Head of R&D and Chief Medical Officer

3. **Delivering Revuforj to Patients**
   Steve Closter, Chief Commercial Officer

4. **Q&A Session**
   Syndax Management Team

REVUFORJ IS NOW FDA-APPROVED FOR A SECOND INDICATION

Now approved for treatment of relapsed or refractory (R/R) acute myeloid leukemia (AML) with a susceptible NPM1 mutation in adult and pediatric patients one year and older who have no satisfactory alternative treatment options

FIRST AND ONLY MENIN INHIBITOR APPROVED FOR:

Multiple acute leukemia subtypes

Adults and children ≥1 year of age

Revuforj is well positioned for near- and long-term success, with a $5B+ U.S. market opportunity across the R/R and 1L setting

BEST-IN-CLASS PROFILE

- Compelling clinical data across:
  - ✓ Multiple genetic subtypes including, NPM1m, KMT2Ar, and NUP98r
  - ✓ Adults and pediatrics
  - ✓ 1L and R/R combinations
- First and only menin inhibitor FDA approved for multiple acute leukemia subtypes in adults and pediatrics
- Comprehensive 1L clinical development plan underway

FIRST-MOVER ADVANTAGE

- Well established with HCPs — nearly 1 year of commercial Revuforj experience
- >1,000 patients treated with Revuforj across commercial and clinical trial experience
- Track record of delivering best-in-class HCP/patient experience
- Included in NCCN Guidelines for R/R NPM1m AML & KMT2Ar acute leukemia

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.

Revuforj (revumenib) Label & Supporting Data

Dr. Nick Botwood, Head of R&D and Chief Medical Officer

R/R NPM1m AML is an area of high unmet need

NPM1 mutations (NPM1m) are the **most common genetic alteration in AML**[1]

~1 in 3 patients with AML have an NPM1 mutation[1]

>50% of NPM1m patients relapse after 1L therapy[2-3]

Outcomes are poor for NPM1m patients who relapse or are refractory to Tx

Revuforj offers a targeted approach to R/R NPM1m AML

Alma, diagnosed with R/R NPM1m AML

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1. Ranieri, et al. Current status and future perspectives in targeted therapy of NPM1-mutated AML. Leukemia 2022; 2. Hubmann, et al. Molecular response assessment by quantitative real-time polymerase chain reaction after induction therapy in NPM1-mutated patients identifies those at high risk of relapse. Haematologica 2014; 3. Othman, et al. Molecular MRD is strongly prognostic in patients with NPM1-mutated AML receiving venetoclax-based nonintensive therapy. Blood 2024.
R/R, relapsed or refractory; 1L, frontline; Tx, treatment

Overview of Revuforj (revumenib) U.S. Prescribing Information

Indication:

- Revuforj is a menin inhibitor indicated for:
  - the treatment of R/R acute leukemia with a lysine methyltransferase 2A gene (*KMT2A*) translocation as determined by an FDA-authorized test in adult and pediatric patients 1 year and older.
  - the treatment of R/R acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (NPM1) mutation in adult and pediatric patients 1 year and older who have no satisfactory alternative treatment options.

Dosage & Administration:

- Administered orally, twice daily
- Recommended dosage varies by patient weight and concomitant use of strong CYP3A4 inhibitors

Safety

- Boxed warnings for differentiation syndrome, and QTc prolongation and Torsades de Pointes
- Warning and precaution for embryo-fetal toxicity
- No contraindications

Please see full Prescribing Information, including **BOXED WARNINGS**, for complete details.

Key data from AUGMENT-101 pivotal trial of Revuforj in R/R NPM1m AML

Key efficacy data from AUGMENT-101 included in Revuforj USPI

23% CR/CRh
(primary endpoint)

2.8 months
median time to CR/CRh

4.5 months
median duration of CR/CRh

11%
of pts. underwent HSCT
following Revuforj

Additional data from AUGMENT-101 published in Blood or presented at medical meetings

47%
overall response rate[1]

23-months
mOS observed among responders in subgroup analysis[2]

63% MRD negativity
among pts. with CR/CRh[2]

1. Arellano, et al. Menin inhibition with revumenib for NPM1-mutated relapsed or refractory acute myeloid leukemia: the AUGMENT-101 study. Blood 2025. 2. Arellano, et al. Revumenib for Patients With Relapsed or Refractory (R/R) Nucleophosmin 1-Mutated (NPM1m) Acute Myeloid Leukemia (AML): Updated Results From the Phase 2 AUGMENT-101 Study. Poster presented at Society of Hematologic Oncology (SOHO) 2025.

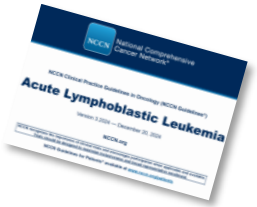
The primary Phase 2 endpoints of the AUGMENT-101 trial were the rate of complete remission (CR) plus CR with partial hematologic recovery (CRh) and safety. Other secondary endpoints, such as overall response rate (ORR), and post-hoc analyses, such as median overall survival (mOS) among responders should be interpreted with caution due to the lack of statistical power.

Comprehensive Revuforj data generation strategy underway to further solidify revumenib's leading position

Original FDA approval

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

2024



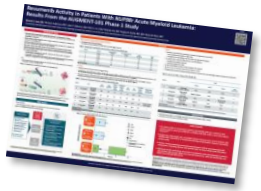
Added to **NCCN Guidelines for R/R KMT2Ar** acute leukemia

Initiated EVOLVE pivotal 1L trial of rev + ven/aza

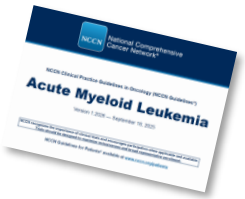
Published pivotal R/R NPM1m AML data

1H25

Published **promising Ph 1 rev + ven/aza 1L data**



Reported encouraging Ph 1 R/R NUP98r data



Added to **NCCN Guidelines for R/R NPM1m AML**

FDA approval of second indication

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

2H25

Initiate 1L REVEAL trials of rev + I.C. in 4Q25

Present additional rev data, including first RWE & Ph 1 1L combination data with I.C. by YE25

Completed milestones

Anticipated milestones

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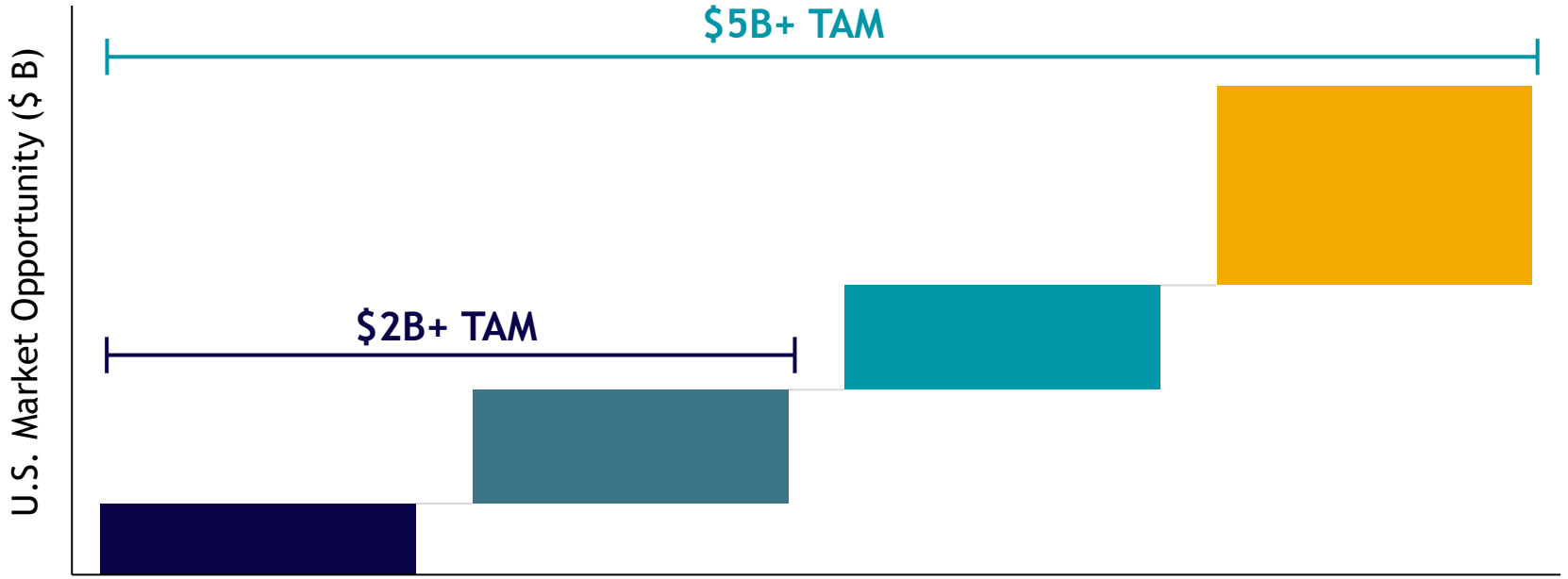
1L, frontline; R/R, relapsed or refractory; ven/aza, venetoclax/azacitidine; I.C., intensive chemotherapy; rev, revumenib; Ph, phase; RWE, real world evidence

Delivering Revuforj to Patients

Steve Closter, Chief Commercial Officer

Approval unlocks $2B U.S. market opportunity for Revuforj in R/R acute leukemia alone

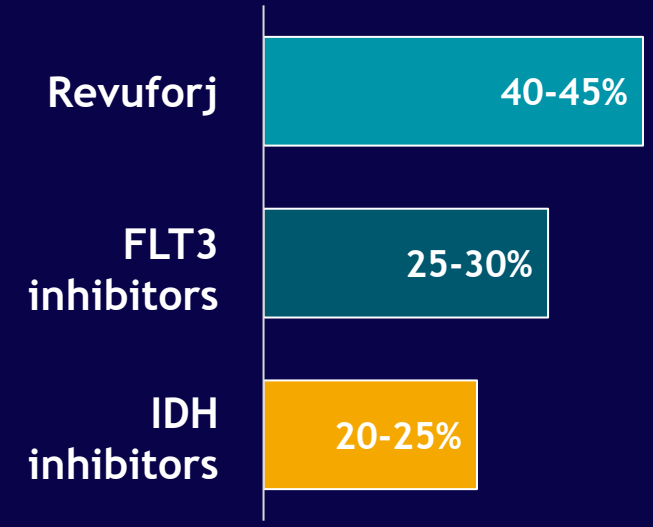


	R/R Acute Leukemia with KMT2A translocation	R/R AML with NPM1m	1L "Unfit" AML with KMT2Ar or NPM1m	1L "Fit" AML with KMT2Ar or NPM1m
Est. annual incidence	~2,000	~4,500	~3,500	~5,500

NPM1 mutations and KMT2A translocations are routinely tested for, enabling efficient patient identification

With the largest addressable population and anticipated duration of therapy, Revuforj is poised to become the largest targeted AML therapy

Addressable AML population



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Revuforj is positioned to lead in R/R NPM1m with an industry-leading profile and solid foundation for success

Strong prescriber base & HCP familiarity

- ✓ Same HCPs treat both KMT2A and NPM1 patients
- ✓ Nearly 1 year of commercial experience
- ✓ >1,000 patients treated across commercial and clinical trial setting
- ✓ 65% Tier 1/2 account penetration through 2Q25, plus robust community adoption

Excellent payer support & reimbursement

- ✓ On formulary for 97% of covered lives
- ✓ Reimbursement supported by NCCN Guideline listings
- ✓ Centers have experience successfully navigating reimbursement
- ✓ Completed extensive education on R/R NPM1m

Demonstrated ease of access to Revuforj

- ✓ Best-in-class HCP/patient support, including dedicated patient hub
- ✓ Efficient limited distribution model
- ✓ <4 days average time from script to 1st fill

World-class commercial team, proven track record

- ✓ >20 yrs of experience average with deep relationships in hem-onc
- ✓ Delivered $56M Revuforj net revenue through 2Q25, exceeding AML analogs
- ✓ Equipped with advanced tools for HCP targeting

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Note: All launch metrics are from November 2024 through the end of June 2025.

Syndax will continue to focus on three strategic imperatives to deliver for patients and drive continued Revuforj growth

1

Leave no appropriate patient behind

High-risk patients require rapid identification of Tx opportunities

2

Engage all key stakeholders

Complex patient journey makes it crucial to engage all decision makers

3

Deliver premium HCP/patient experience

Critically ill patients need immediate access without barriers

Two first- & best-in-class drugs

Niktimvo™ (axatilimab-csfr)

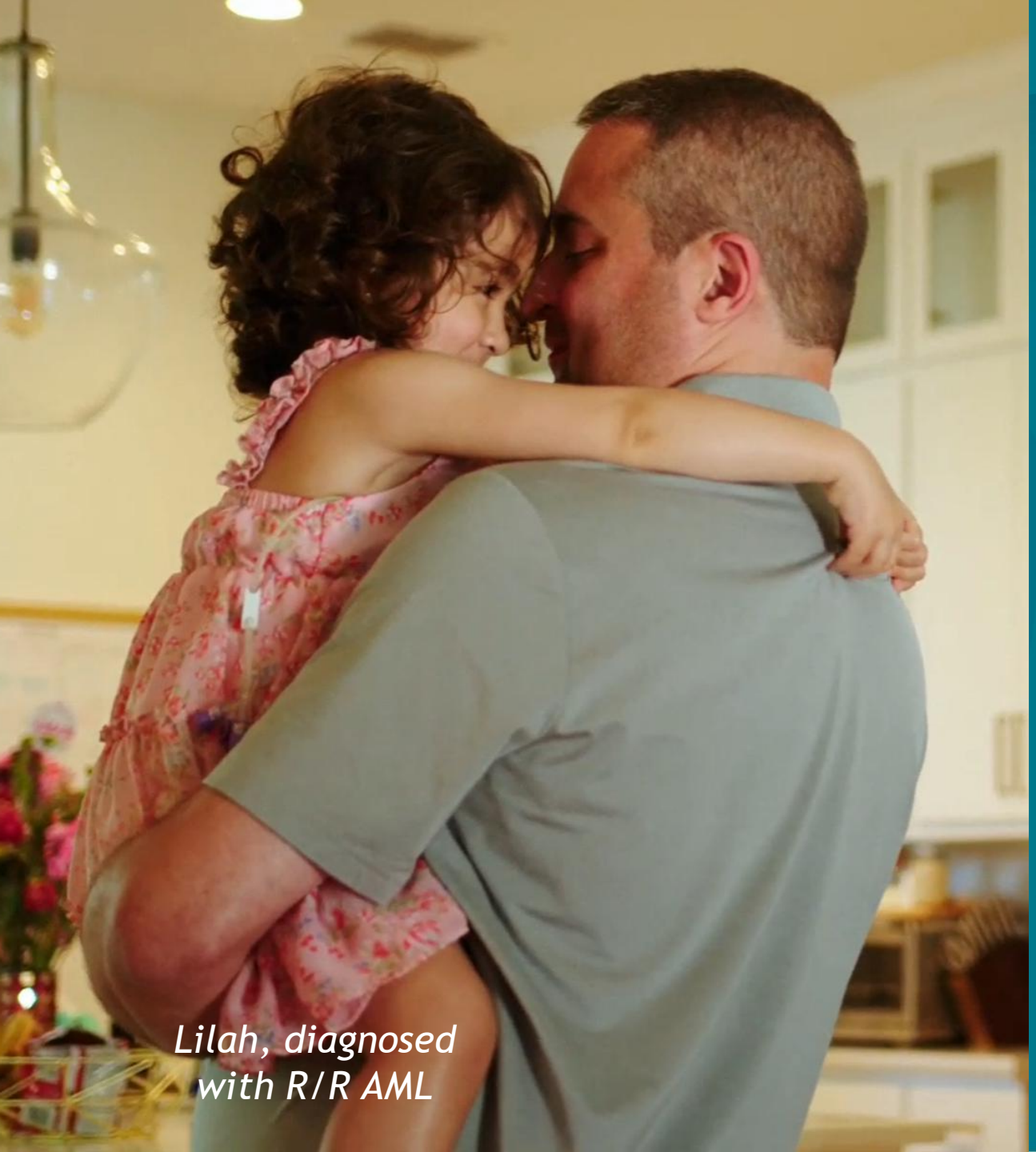
$5B+ TAM

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

$5B+ TAM

Two exceptional product launches

Syndax is on the road to profitability with two medicines with multi-billion-dollar potential



Lilah, diagnosed with R/R AML

FUELED BY A PASSION FOR PATIENTS

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