Syndax

Reimagining Cancer Treatment

Revumenib AUGMENT-101 Pivotal Data in R/R mNPM1 AML

November 12, 2024

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Agenda

1. **Introduction**
   Michael Metzger, Chief Executive Officer, Syndax

2. **Topline Pivotal R/R mNPM1 AML Data from AUGMENT-101 Trial**
   Neil Gallagher, MD, PhD, President, Head of R&D, Syndax

3. **Clinical Perspective**
   Eytan Stein, MD, Chief, Leukemia Service, Memorial Sloan Kettering Cancer Center

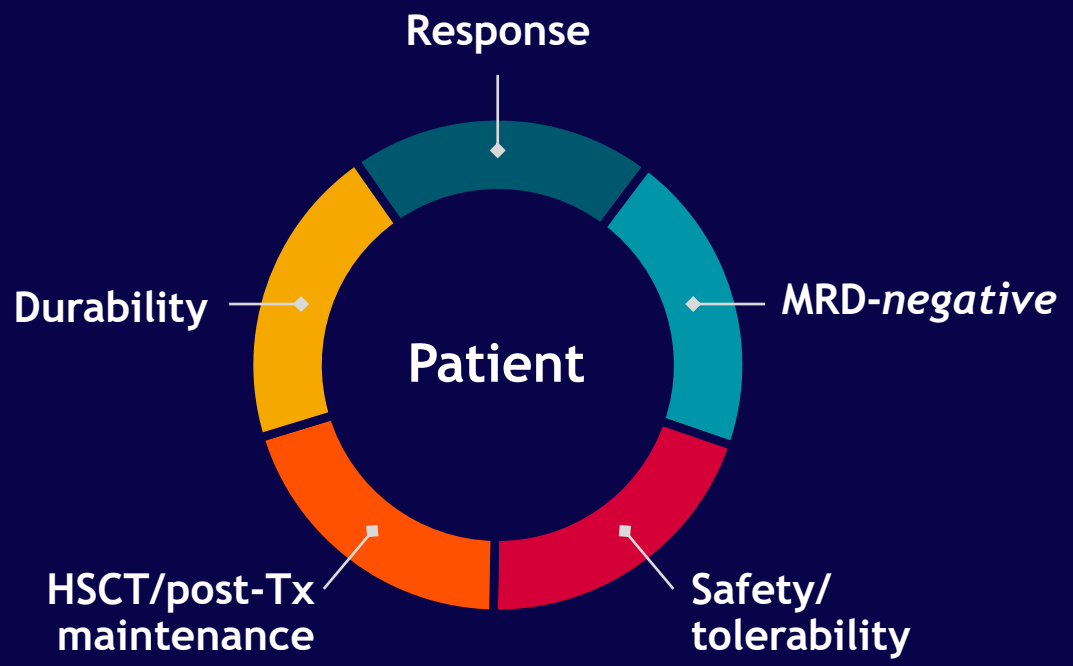
4. **Commercial Opportunity**
   Steve Closter, Chief Commercial Officer, Syndax

5. **Q&A Session**

Revumenib has practice-changing potential in R/R mNPM1 and KMT2Ar acute leukemias

Met the primary endpoint in pivotal AUGMENT-101 cohort enrolling patients with NPM1 mutations

- Robust remission rates in heavily pre-treated population
- Remissions were notably deep and meaningfully durable
- A number of responders proceeded to HSCT, with the majority resuming revumenib post-transplant
- Favorable safety and tolerability supports continued evaluation of use in maintenance and in combination
- Results highlight consistency of revumenib's compelling clinical profile



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

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KMT2Ar, KMT2A rearrangement; mNPM1, mutated nucleophosmin; HSCT, hematopoietic stem cell transplantation; MRD, minimal residual disease

There is an urgent need for new treatment options for R/R mNPM1 AML patients

mNPM1 AML DISEASE BACKGROUND

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

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

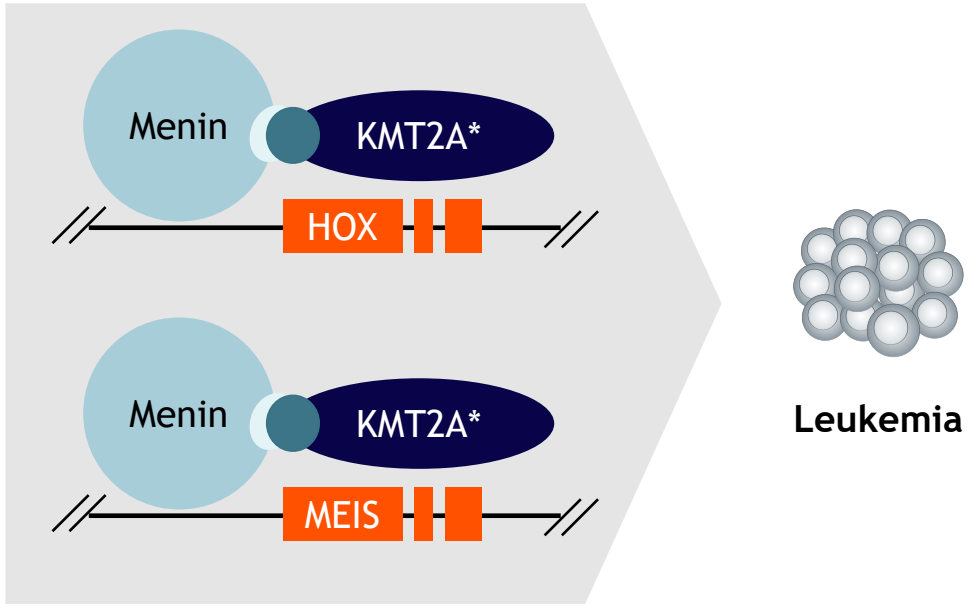
On average, mNPM1 patients are **older, and less fit for HSCT** than KMT2Ar patients

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

Revumenib disrupts leukemic transcriptional programs by binding to menin and displacing the KMT2A protein

KMT2Ar or mNPM1 acute leukemias



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

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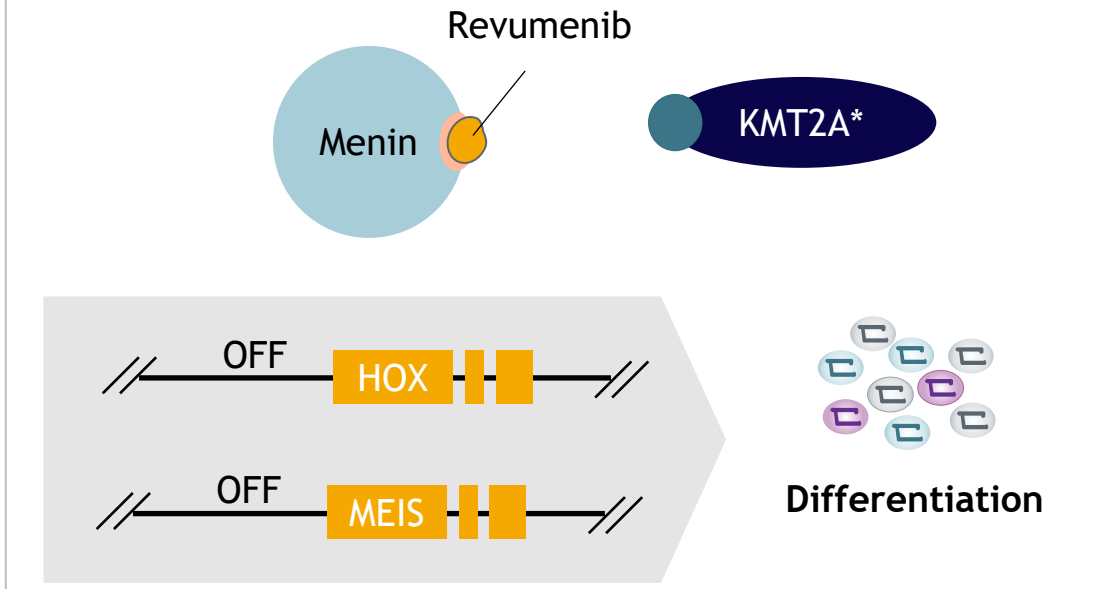
Menin inhibition with revumenib



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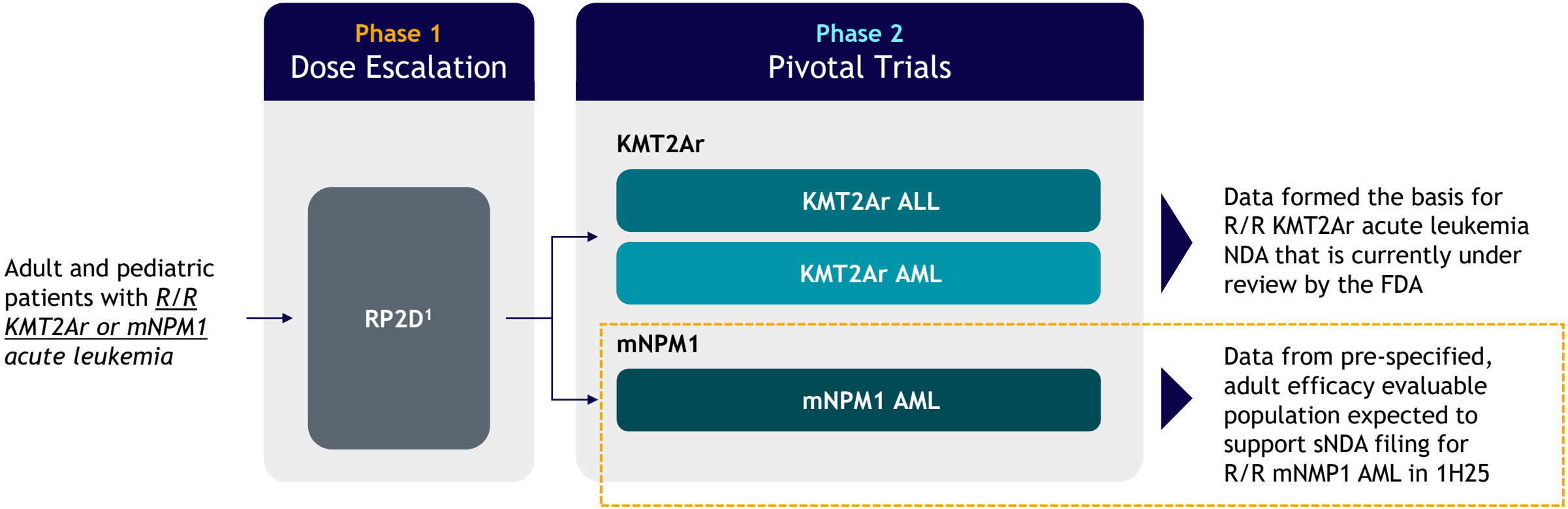
Menin inhibition has the potential to transform the standard of care for mNPM1 and KMT2Ar acute leukemias

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

AUGMENT-101: A Phase 1/2 trial of revumenib monotherapy in R/R mNPM1 and KMT2Ar acute leukemia



- **Primary efficacy endpoint:** CR + CRh rate
- **Secondary endpoints such as:** Overall response rate (ORR), duration of response, and overall survival

1. 276mg q12h or 163mg q12h w/ strong CYP3A4 inhibitor

Note: Patients taken to HSCT can restart treatment with revumenib post-transplant

Abbreviations: KMT2Ar, KMT2A rearrangement; mNPM1, mutated nucleophosmin; RP2D, recommended Phase 2 dose; CR, Complete remission; CRh, Complete remission with partial hematological recovery; sNDA, Supplemental New Drug Application; ALL, acute lymphoid leukemia; AML, acute myeloid leukemia; MPAL, mixed phenotype acute leukemia

AUGMENT-101 baseline characteristics in Phase 2 cohort of patients with R/R mNPM1 AML

Baseline Characteristics	Adult Efficacy Evaluable Population N = 64	Safety Population N = 84
Age, years, median (range)	65 (19, 84)	63 (11, 84)
≥ 18 to <65, n (%)	31 (48)	42 (50)
≥ 65, n (%)	33 (52)	41 (49)
Female, n (%)	38 (59)	50 (60)
Baseline co-mutations of interest, n (%)		
FLT3-ITD	22 (34)	26 (31)
FLT3-TKD	4 (6)	6 (7)
Disease Status at Baseline, n (%)		
Primary refractory (persistent leukemia following induction chemotherapy)	5 (8)	7 (8)
Refractory relapse (unresponsive to most recent salvage treatment)	35 (55)	41 (49)
Prior lines of therapy, median (range)	2 (1, 7)	2 (1, 7)
≥3 lines, n (%)	23 (36)	29 (35)
Prior venetoclax, n (%)	48 (75)	62 (74)
Prior HSCT, n (%)	14 (22)	20 (24)

AUGMENT-101

Patients were **significantly older** than R/R KMT2Ar cohort

75% had prior venetoclax exposure in efficacy population

36% received revumenib in the 4L or later in efficacy population

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Data cutoff of September 18, 2024

Revumenib demonstrated compelling efficacy in R/R mNPM1 AML patients in Ph 2 portion of AUGMENT-101

Best Response, n (%)	Adult Efficacy Evaluable Population N = 64
CR/CRh *(95% Conf. interval); one-sided p-value*	15 (23%) *(14%, 36%); 0.0014*
CR	12 (19%)
CRh	3 (5%)
MRD^{neg} CR/CRh*	**9/14 (64%)**
Median duration of CR/CRh	4.7 months
Overall Response Rate (ORR)	**30 (47%)**
Composite complete remission (CRc)	19 (30%)
MRD^{neg} CRc*	**10/17 (59%)**
Proceeded to HSCT after response	5/30 (17%)
Resumed revumenib post-HSCT	3/5 (60%)

ORR = CR+CRh+CRp+CRi+MLFS+PR; CRc = CR+CRh+CRp+CRi; * Not all patients had MRD status reported.
Note: Totals may not sum due to rounding.

~50% of patients achieved an overall response in heavily pre-treated population

Deep, meaningfully durable CR/CRh responses

Consistent with R/R KMT2Ar acute leukemia cohort

Safety results from Phase 2 R/R mNPM1 AML cohort in the AUGMENT-101 trial support favorable revumenib safety and tolerability profile

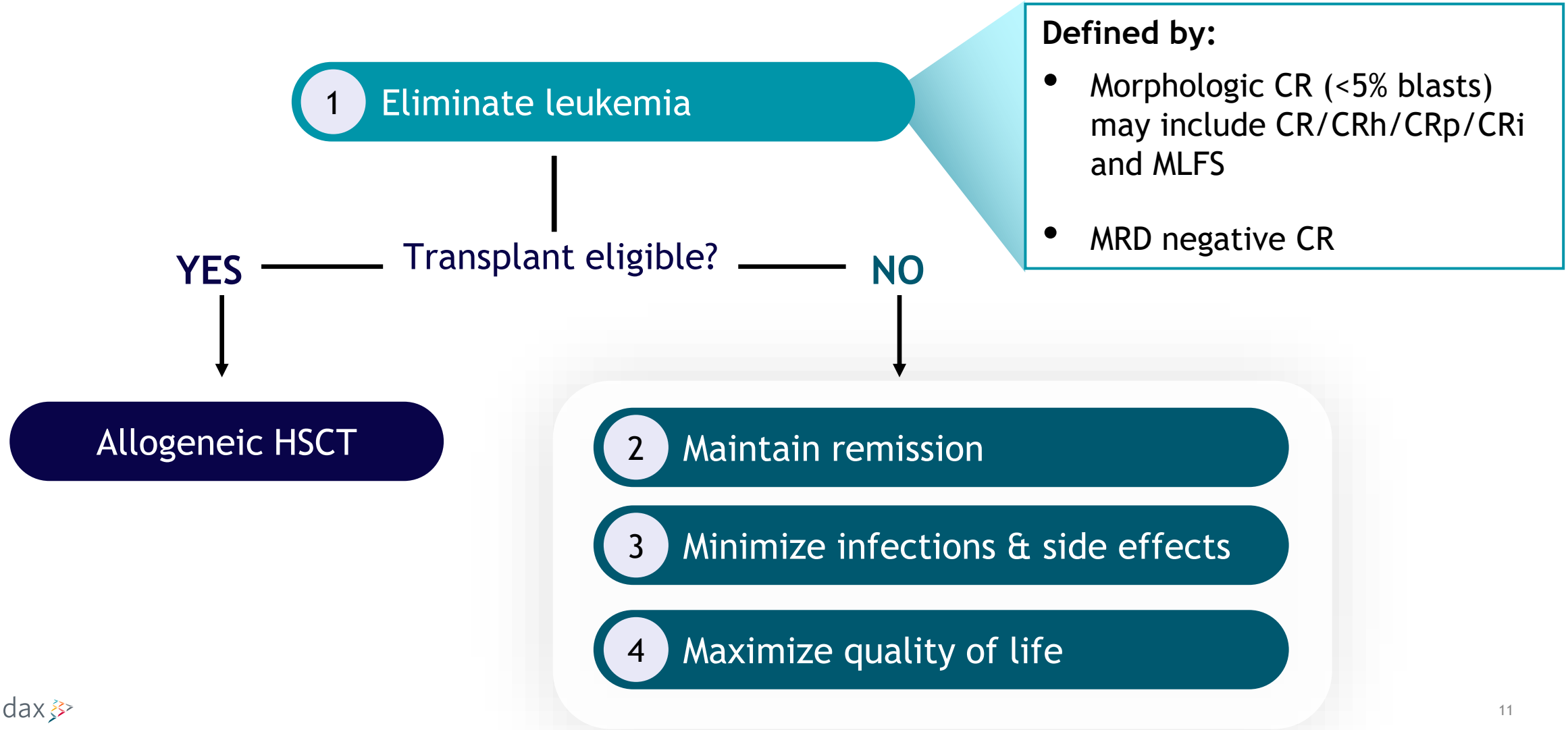
Grade ≥3 Treatment-Related Adverse Events [TRAEs] (≥5% of patients)	Safety Population N = 84
Patients with Grade ≥3 TRAE	50 (60%)
Electrocardiogram QT prolonged	18 (21%) *(Gr 3: 19% | Gr 4: 2%)*
Anemia	12 (14%)
Febrile neutropenia	11 (13%)
Differentiation syndrome	11 (13%) *(Gr 3: 11% | Gr 4: 2%)*
Platelet count decreased	9 (11%)
Thrombocytopenia	8 (10%)
White blood cell count decreased	7 (8%)
Neutrophil count decreased	6 (7%)

- Safety results in this older, heavily pre-treated population were consistent with previously reported data
- Low rate of treatment-related discontinuations (5%)
- Most common adverse events observed are largely characteristic of symptoms experienced by patients undergoing treatment for AML

* Data cutoff of September 18, 2024

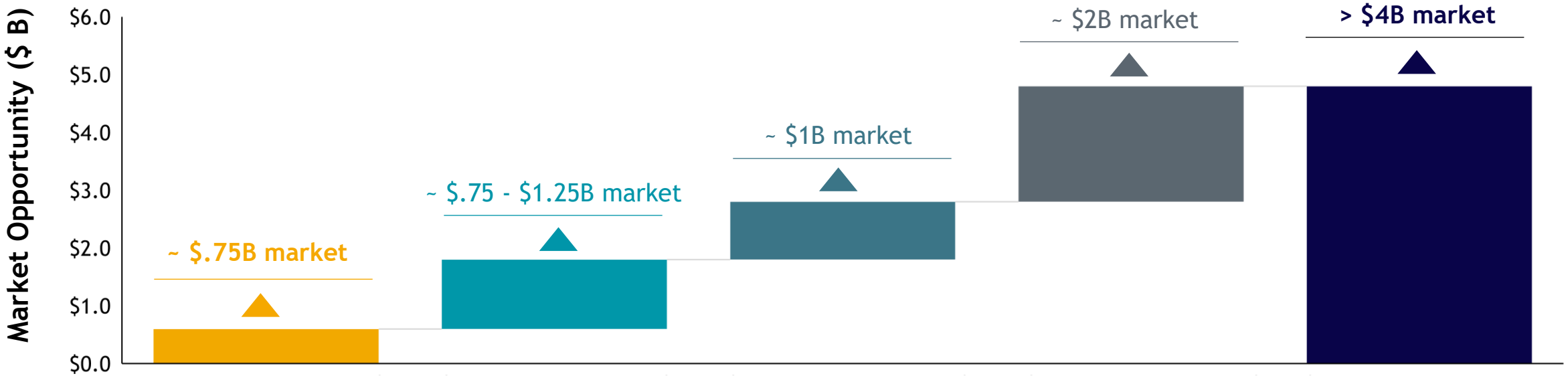
Clinical goals for patients with R/R acute leukemia

Clinical perspective from Dr. Eytan Stein, MD, Chief, Leukemia Service, Memorial Sloan Kettering Cancer Center



Revumenib profile supports potential use as backbone therapy across treatment continuum — providing access to >$4B U.S. market opportunity

Significant growth potential in earlier lines of treatment



	R/R KMT2Ar Acute Leukemia	R/R mNPM1 Acute Leukemia	1L "Unfit" KMT2Ar + mNPM1 Acute Leukemia	1L "Fit" KMT2Ar + mNPM1 Acute Leukemia	Total
Est. patient population	~2,000	~3,000 - 4,500	~3,500	~5,500	

Source: Data on file; Redbook 2023

Expected upcoming milestones

REVUMENIB

Menin-KMT2A inhibition

- Present acute leukemia data at ASH 2024
- PDUFA action date of December 26, 2024, in R/R KMT2Ar acute leukemia, followed by immediate launch
- Initiate pivotal combination trial with ven/aza in newly diagnosed mNPM1 AML or KMT2Ar acute leukemias by YE24
- Publish and present pivotal R/R mNPM1 AML data at a medical conference in 1H25
- Submit sNDA filing in R/R mNPM1 AML in 1H25

Niktimvo™ (axatilimab-csfr)

CSF-1R inhibition

- Present 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


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