Syndax

Reimagining Cancer Treatment

Corporate Presentation / April 1, 2024

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Building momentum in 2024 off an impactful 4Q23

Recent Accomplishments

- **Presented** positive **revumenib** and **axatilimab** data @ ASH 2023: *AGAVE-201, AUGMENT-101, SAVE, BEAT AML and AUGMENT-102*
- **Granted** Priority Review and a PDUFA action date of September 26, 2024 for **revumenib** NDA submission under RTOR for R/R KMT2Ar acute leukemia
- **Granted** Priority Review and a PDUFA action date of August 28, 2024, for **axatilimab** BLA filing in refractory chronic GVHD
- **Completed** enrollment of mNPM1 AML cohort in **revumenib** pivotal AUGMENT-101 trial
- **Strengthened** cash balance by $258 million in 4Q23
- **Initiated** Phase 2 idiopathic pulmonary fibrosis trial with **axatilimab**
- **Initiated** **revumenib** Phase 1 combination trial with 7+3 chemotherapy in newly diagnosed mNPM1 or KMT2Ar acute leukemias

Revumenib - Menin Inhibitor

Potential approval in adult and pediatric R/R KMT2Ar acute leukemia in 2024 with opportunities for additional indications

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]

Most patients relapse after chemotherapy and HSCT

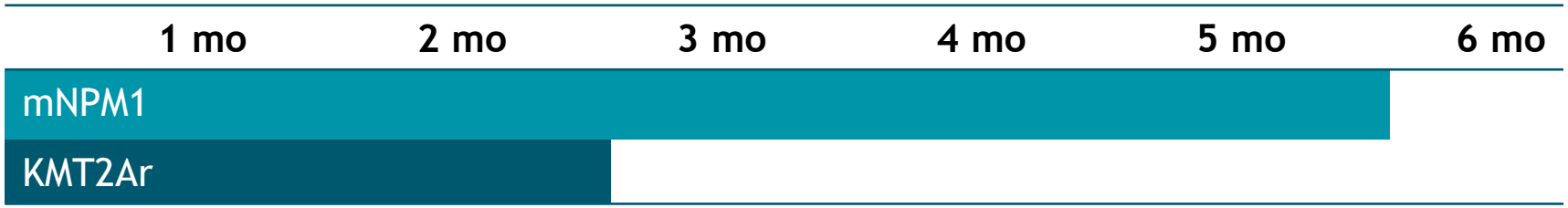
NPM1 Mutant AML

30%

of AML[2]

Most frequent genetic alteration in AML

Median overall survival in 3rd line AML[1,3]



Revumenib has demonstrated positive clinical results in both KMT2Ar and mNPM1 acute leukemia populations

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1) Issa, G. et al. (2021). Predictors of outcomes in adults with acute myeloid leukemia and KMT2A rearrangements. 2). Falini, B. et al, NPM1-mutated acute myeloid leukemia: from bench to bedside. Blood (2020) 136 (15) 3) Issa G. et al. Clinical outcomes associated with NPM1 mutations in patients with relapsed or refractory AML. Blood Adv. 2023 Mar 28;7(6) ; OS, Overall response; HSCT, Haematopoietic stem cell transplant

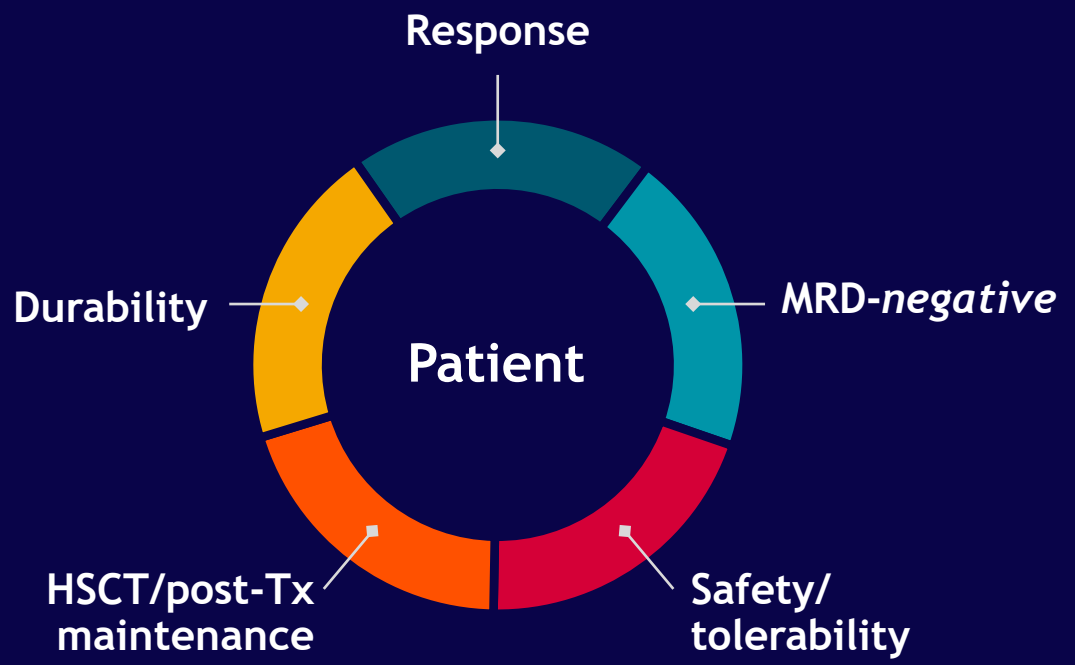
Revumenib is a potential first- and best-in-class therapy for KMT2Ar and mNPM1 acute leukemia

Revumenib monotherapy results to date:

- Clinically meaningful efficacy in R/R KMT2Ar and mNPM1 acute leukemia
- Durable responses observed in post-transplant maintenance, even in heavily pretreated patients

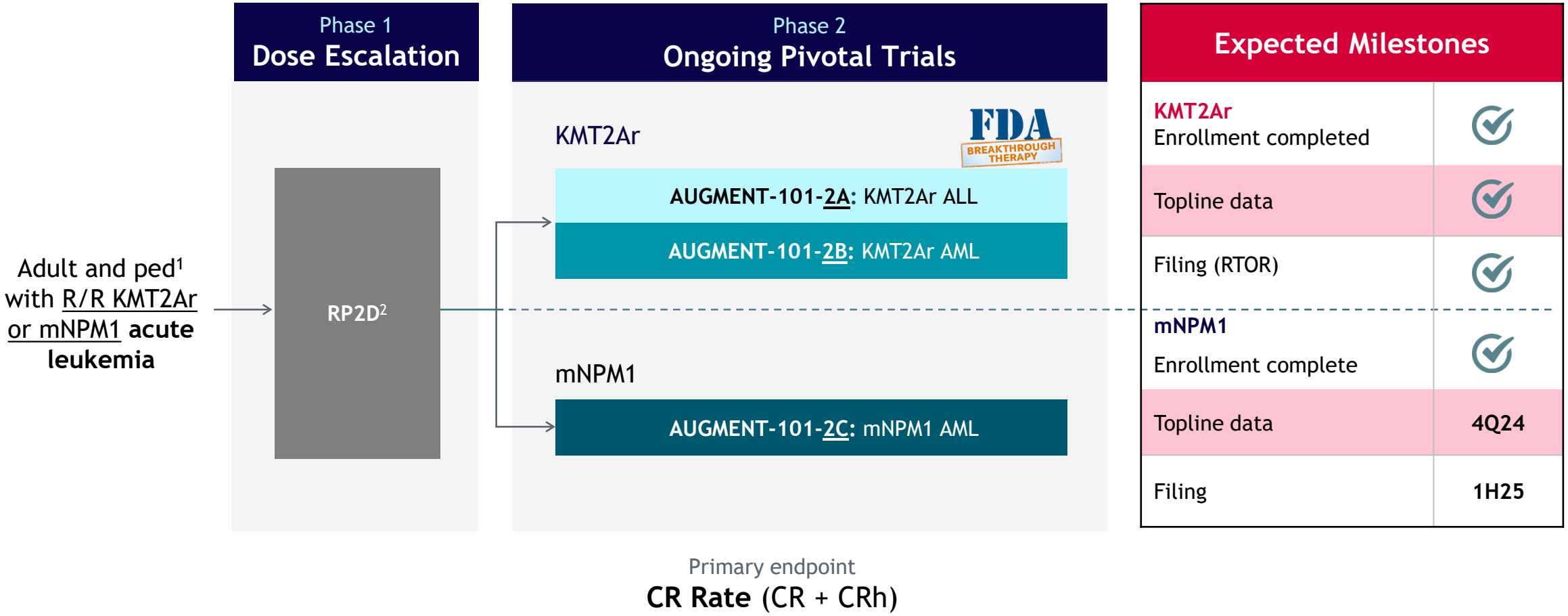
Revumenib combination results to date:

- Ven–HMA combos shows safe and highly effective profile for both frontline and R/R AML
- FLA chemo combo shows safe and effective profile in R/R AML patients, including those relapsed on FLA



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

Pivotal AUGMENT-101 trial: KMT2Ar AML/ALL filing under priority review; potential filing for mNPM1 in 1H25



Note: Patients taken to HSCT can restart treatment with revumenib post-transplant; Abbreviations: KMT2Ar, KMT2A rearrangement; mNPM1, mutated nucleophosmin

[1] Allows patients ≥30 days of age

[2] 276mg q12h or 163mg q12h w/ strong CYP3A4 inhibitor

[3] Completed enrollment of a sufficient number of KMT2Ar patients to support a registration filing

Revumenib KMT2Ar pivotal data establishes compelling clinical activity across acute leukemia patients; drives durable, MRD^{neg} responses

NDA filing granted Priority Review by the FDA with a PDUFA action date of September 26, 2024

63%	Overall response rate in pooled analysis
23%	CR/CRh rate in pooled analysis
70%	MRD^{neg} rate among CR/CRh responses
8.0mos	Overall survival
6.4mos	Median duration of CR/CRh at data cutoff

Enables a high rate of deep, durable MRD^{neg} responses in late line R/R patients

Responses observed across all major subgroups

Favorable safety and tolerability profile with low 6% treatment discontinuations due to TRAEs

Data Cutoff July 24, 2023; TRAEs, Treatment related adverse events; DS, Differentiation syndrome; R/R, relapsed or refractory; MRD^{neg}, MRD negative

Revumenib creates potential new opportunities for patients — enabling a meaningful shift in the treatment of R/R KMT2Ar acute leukemia

Anticipated KMT2Ar treatment paradigm pending approval of revumenib

Relapsed or Refractory
(n = 57)

Revumenib	HSCT	Revumenib maintenance
63% respond (36/57)	**39%** receive transplant^	**71%** received or eligible for post-transplant maintenance* (10/14)

Revumenib induces MRD^{neg} complete response, supports high rates of stem cell transplant and long-term post-transplant maintenance

^ 8 of 14 patients went to transplant without achieving a CR or CRh
* 7 patients received post-transplant maintenance, 3 remained eligible to choose post-transplant maintenance as of data cut

Data Cutoff July 24, 2023, R/R, relapsed or refractory; HSCT, Hematopoietic stem-cell transplant ; MRD^{neg}, MRD negative

mNPM1 AML Phase 1 results suggest robust efficacy with durable, MRD^{neg} responses

Phase 1 Dose Escalation	n (%)
Total mNPM1 @ RP2D	14
CR/CRh	5 (36%)
MRD^{neg} CR/CRh	5 (100%)
ORR	7 (50%)

No treatment related discontinuations
No grade 4 or 5 QTc events
Only differentiation syndrome ≤ grade 2 observed

3/7 (43%) of responders proceeded to HSCT

1 patient restarted revumenib post HSCT*

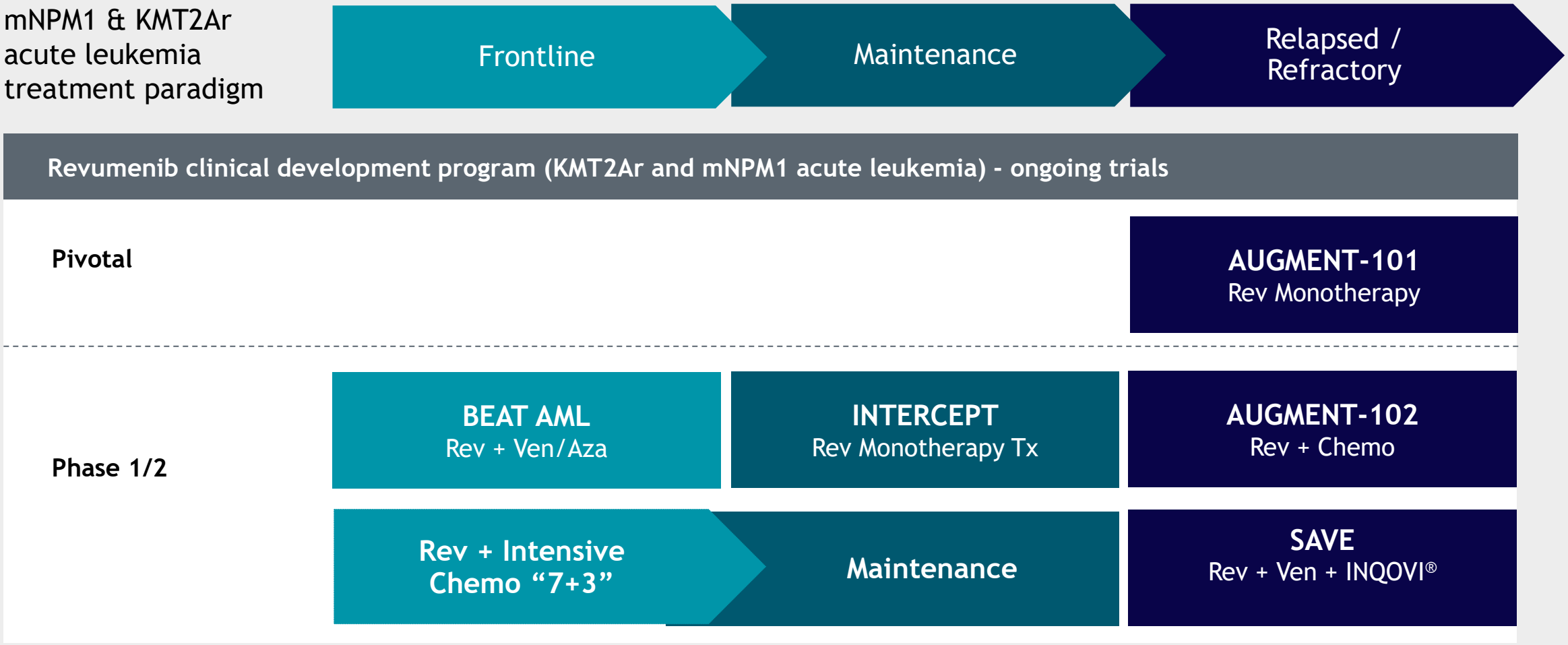
3/5 patients achieving CR/CRh maintained response beyond 6 months, 2 for >22 months

TRAEs in-line with overall AUGMENT-101 Phase 1/2 experience

mNPM1 enrollment in AUGMENT-101 expected to complete in late 1Q/early 2Q

* Data cutoff of July 24, 2023; 2023 amendment allowed patients to restart treatment with revumenib post-transplant following HSCT; mNPM1, Mutated nucleophosmin; HSCT, Haematopoietic stem cell transplant; RP2D, Doses that met exposure equivalent of 226 mg q12h or 276mg q12h without strong CYP3A4 inhibitor or 113 mg q12h or 163 mg q12h with strong CYP3A4 inhibitor

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



BEAT AML: Ven/Aza + revumenib in frontline mNPM1 or KMT2Ar AML

Summary of Enrolled Patients & Response Data	
	n = 13
Total enrolled	KMT2Ar: 5 mNPM1: 8
Response and Transplant	
CRc	**13 (100%)**
CR/CRh	11 (85%)
CRi	2 (15%)
Transplant	**2**
Relapse	**1**
MRD Flow Status	
MRD^{neg}	**12 (92%)**
Unknown MRD status	1 (8%)

Safety Summary

- No increased safety issues outside of known reported ven/aza toxicities
- Only 1 DLT (113 mg q12 h) observed
- No increase in cytopenias beyond ven/aza doublet

Trial expanding to validate RP2D – additional data expected in 2H24

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Data Cutoff Dec 01, 2023; Revumenib and venetoclax are given on days 1-28 and azacytidine is dosed on days 1-7; Revumenib doses tested were 113 mg and 163 mg q12h, all patients received concomitant strong CYP3A4 inhibitor during cycle 1; KMT2Ar, KMT2A rearrangement; mNPM1, Mutated nucleophosmin; DLT, Dose limiting toxicity; RP2D, Recommended Phase 2 dose; Ven, Venetoclax; Aza, Azacitidine

SAVE AML: Ven/HMA combo in relapsed mNPM1, NUP98r or KMT2Ar AML/MPAL

Summary of Enrolled Patients & Response Data		
	N (%)	**Subtype**
Total enrolled	9	KMT2Ar: 5; mNPM1: 1 NUP98r: 2
Median prior Tx	3	56% received prior ven 67% received prior HSCT
Best response		**Subtype**
ORR	**9 (100%)**	**KMT2Ar + NUP98r + mNPM1**
CRc	**7 (78%)**	**KMT2Ar + NUP98r + mNPM1**
CR	3 (33%)	KMT2Ar (3)*
CRh	1 (11%)	NUP98r (1)*
CRp	3 (33%)	mNPM1 (1)* + KMT2Ar (2)*
CRc MRD^{neg}	**6/7 (86%)**	**KMT2Ar (4), mNPM1 (1), NUP98r (1)**
MLFS	1 (11%)	NUP98r (1)
PR	1 (11%)	NUP98r (1)

Safety Summary

- No discontinuations for TRAEs
- No ≥ Gr 3 QTc
- No new or increased safety signals observed beyond venetoclax/HMA

Trial expanding to validate RP2D; additional data expected in 2H24

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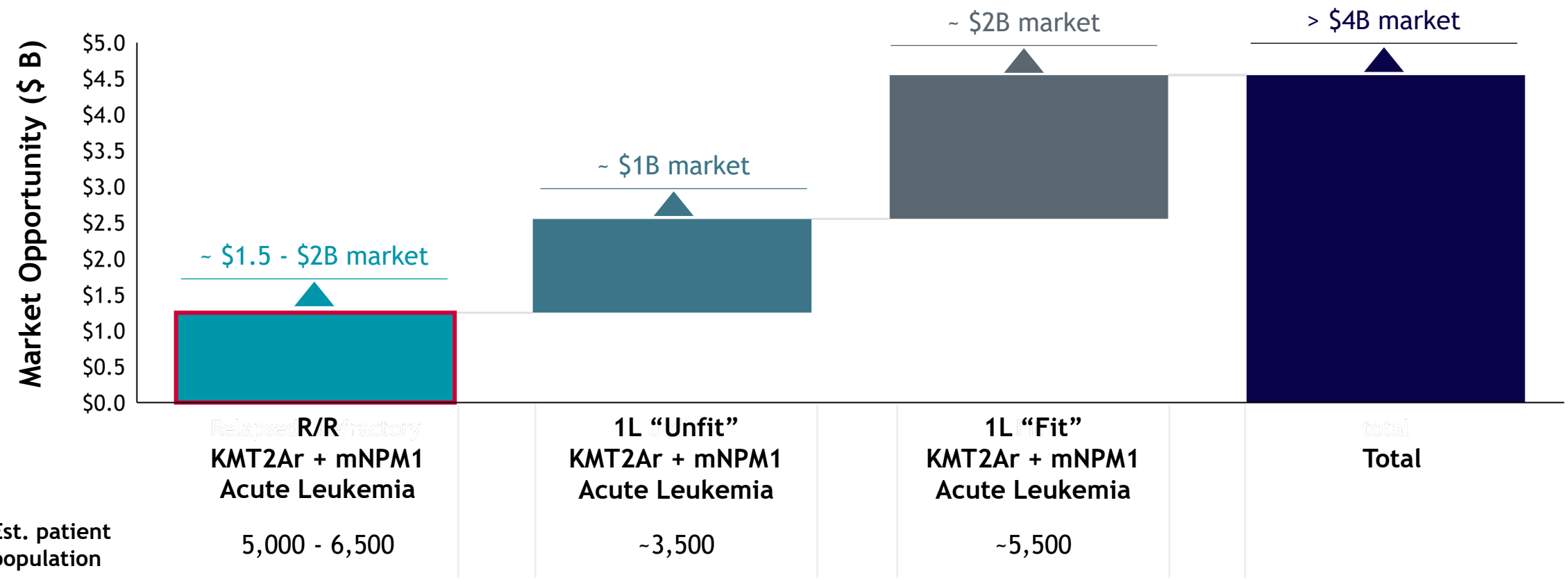
Data Cutoff Nov 01, 2023; Revumenib dosed on days 1-28, venetoclax days 1-14 and decitabine/cedazuridine fixed drug combination given on days 1-5; KMT2Ar, KMT2A rearrangement; mNPM1, Mutated nucleophosmin; NUP98r, Nucleoporin 98; HMA, Hypomethylating agent; RP2D; Recommended Phase 2 dose *1 KMT2Ar patients with a CRp did not achieve MRDneg

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

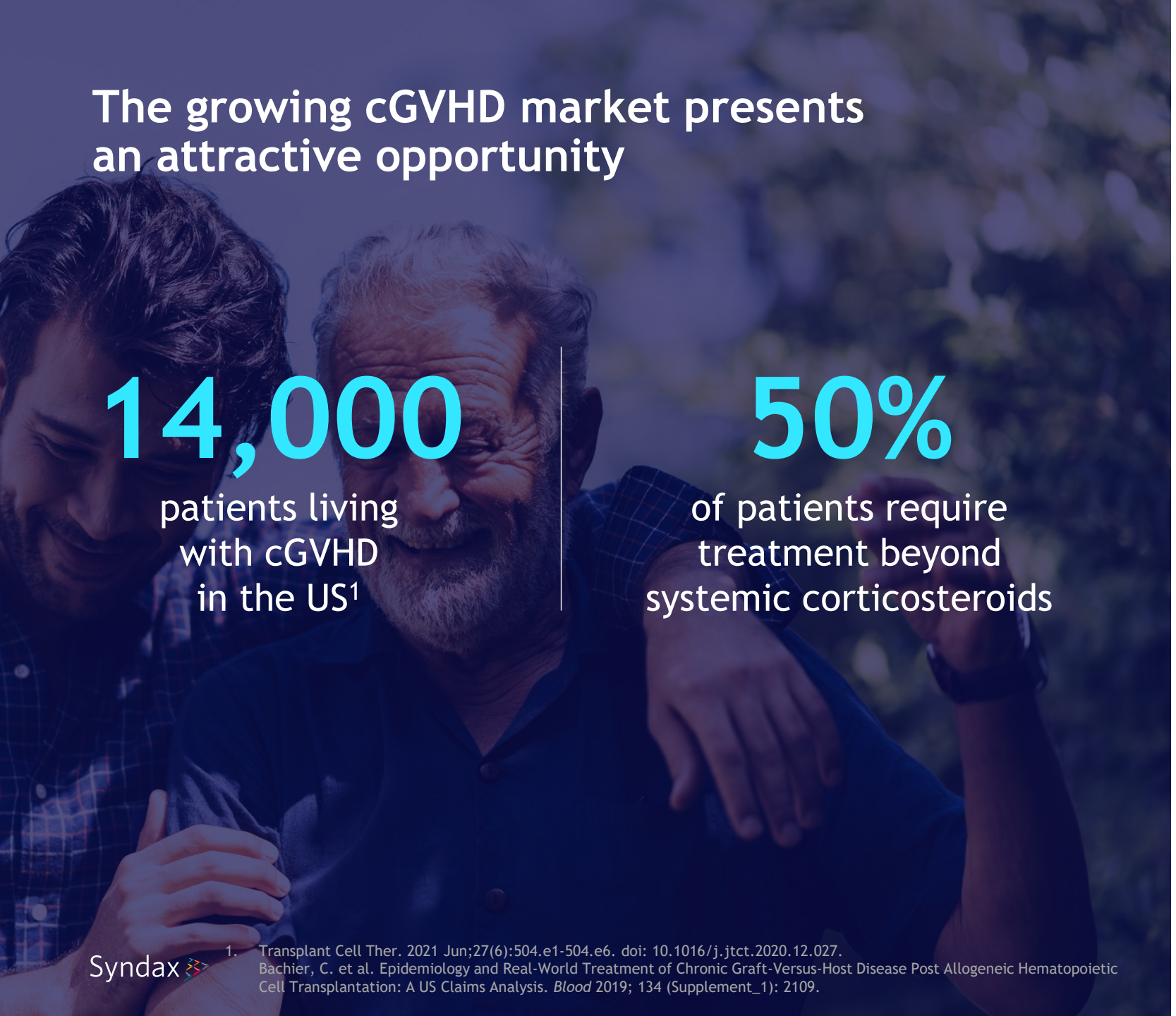


Source: Data on file; Redbook 2023

Axatilimab – anti-CSF-1R

Potential approval in patients with refractory chronic graft-versus-host disease in 2024 with opportunities for additional indications

The growing cGVHD market presents an attractive opportunity



14,000

patients living with cGVHD in the US[1]

50%

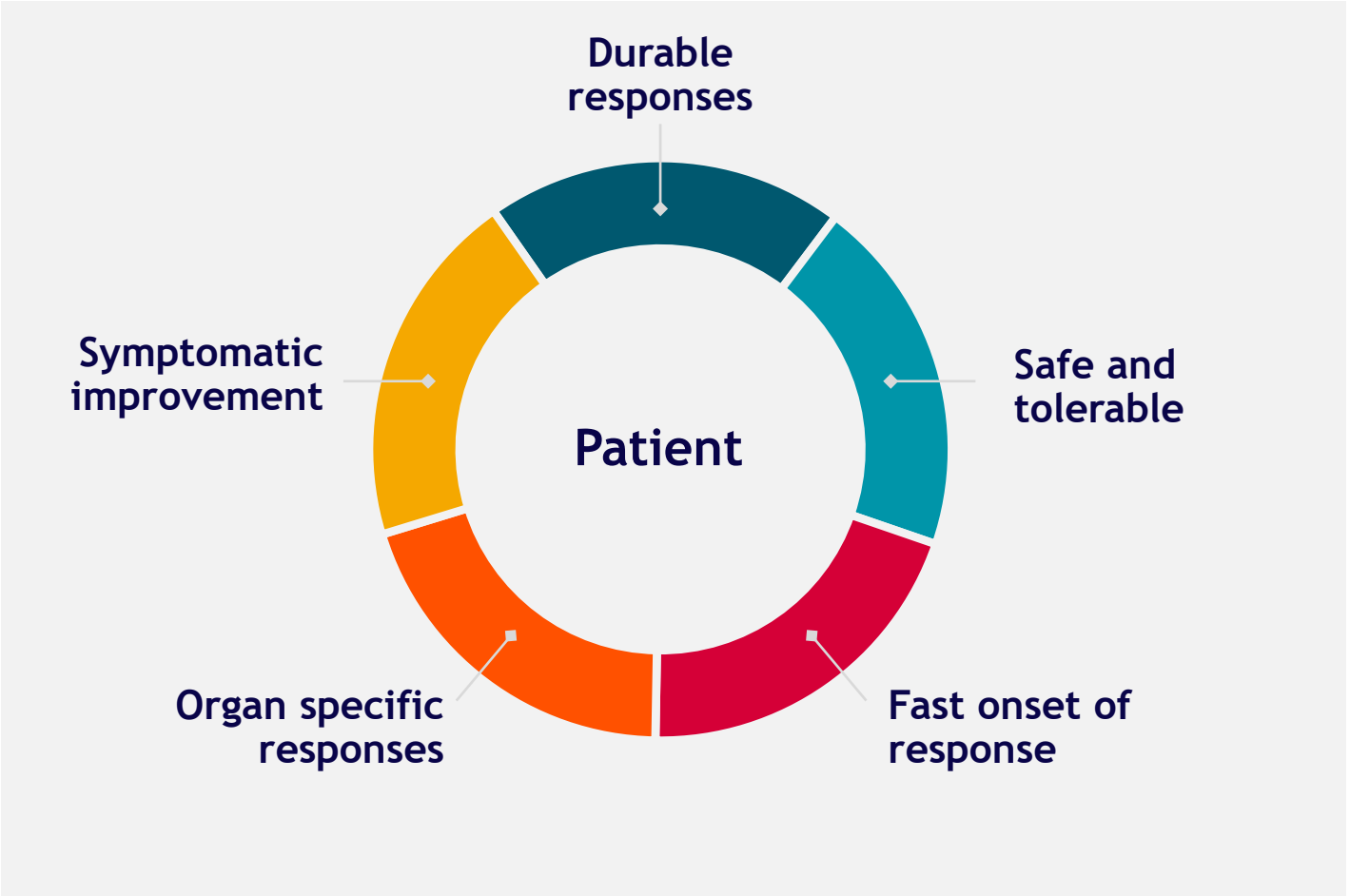
of patients require treatment beyond systemic corticosteroids

The estimated global chronic GVHD market is expected to expand due to[1]:

- Rising prevalence of blood cancers boosted by an increase in the aging population
- Rise in stem cell transplants

1. Transplant Cell Ther. 2021 Jun;27(6):504.e1-504.e6. doi: 10.1016/j.jtct.2020.12.027. Bachier, C. et al. Epidemiology and Real-World Treatment of Chronic Graft-Versus-Host Disease Post Allogeneic Hematopoietic Cell Transplantation: A US Claims Analysis. *Blood* 2019; 134 (Supplement_1): 2109.

Axatilimab is positioned to address what physicians and patients are seeking in a new cGVHD therapy

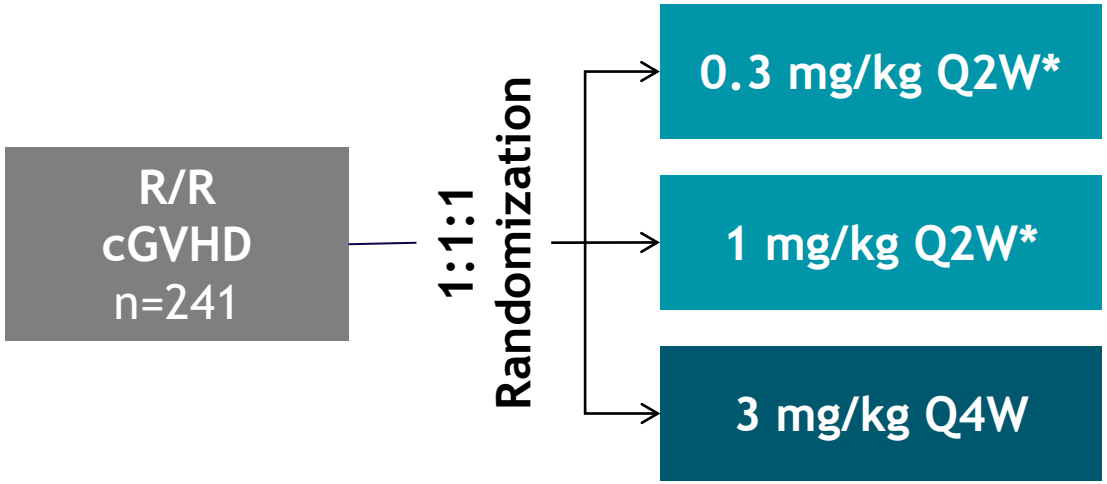


Axatilimab Key Attributes

- Demonstrates compelling clinical profile
- Unique MOA in cGVHD
- Benefits in fibrotic and inflammatory components
- Consistent results across all key patient subsets with responses in all organ systems

MOA, Mechanism of action

Pivotal AGAVE-201 trial: A global pivotal trial designed to identify an optimal dose of axatilimab in chronic GHVD patients



Inclusion criteria:

- 2 years and older[1]
- Recurrent or refractory active cGVHD after ≥ 2 lines of systemic Tx

Stratification factors:

- Prior treatment with ibrutinib, ruxolitinib or belumosudil
- Severity of cGVHD

Primary Endpoint: ORR[2] by Cycle 7 Day 1

- Statistical significance achieved if lower bound of the 95% CI of ORR exceeds 30%

Secondary Endpoints:

- Duration of response
- Modified Lee cGVHD Symptom Scale assessment
- Percent reduction in daily steroid dose
- Organ specific response rates

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[1] Age inclusion criteria differs by country; [2] Overall response rate was assessed using the 2014 NIH Consensus Criteria for cGVHD
* Patients had the option to switch to cohort specific Q4W dose after 6 months on trial

AGAVE-201 results support axatilimab's promising safety and efficacy profile

BLA Filing granted Priority Review by the FDA with a PDUFA action date of August 28, 2024

74% ORR by cycle 7 day 1 (95% CI [63, 83])

60% of responders maintained a response at 1 year

55% of patients had a ≥7 point decrease in mLSS

Met the primary endpoint in patients with R/R chronic GVHD

Durable responses with a reduction in symptom burden

Well-tolerated, and the most common adverse events were consistent with on-target effects and prior trials

Complete responses were observed across all organ system, and across patients with prior exposure to approved agents including ibrutinib, ruxolitinib, and/or belumosudil

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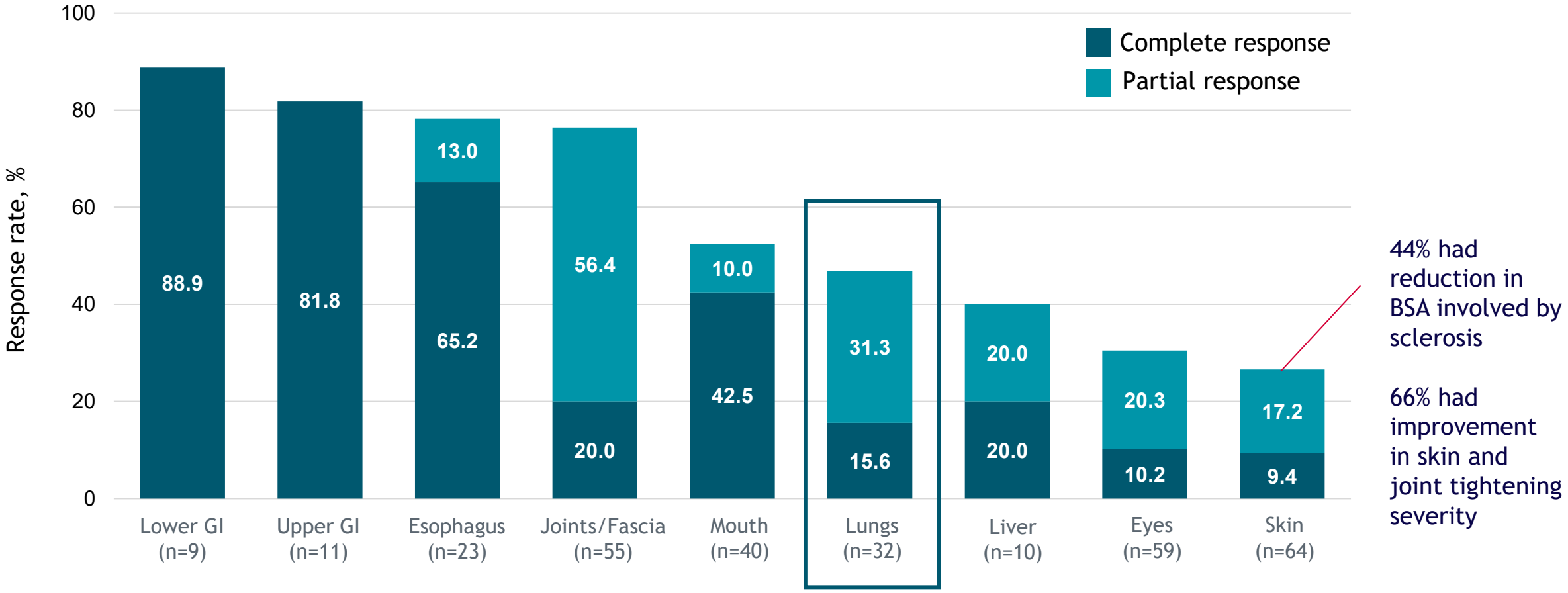
Data source: AGAVE-201 topline data at the 0.3 mg/kg dose

[1] Measured from first response to new systemic therapy or death, based on the Kaplan Meier estimate

[2] mLSS = modified Lee chronic GVHD Symptom Scale score

Organ responses in 0.3 mg/kg Q2W

>85% of patients reported a reduction in chronic GVHD-related symptom burden



44% had reduction in BSA involved by sclerosis

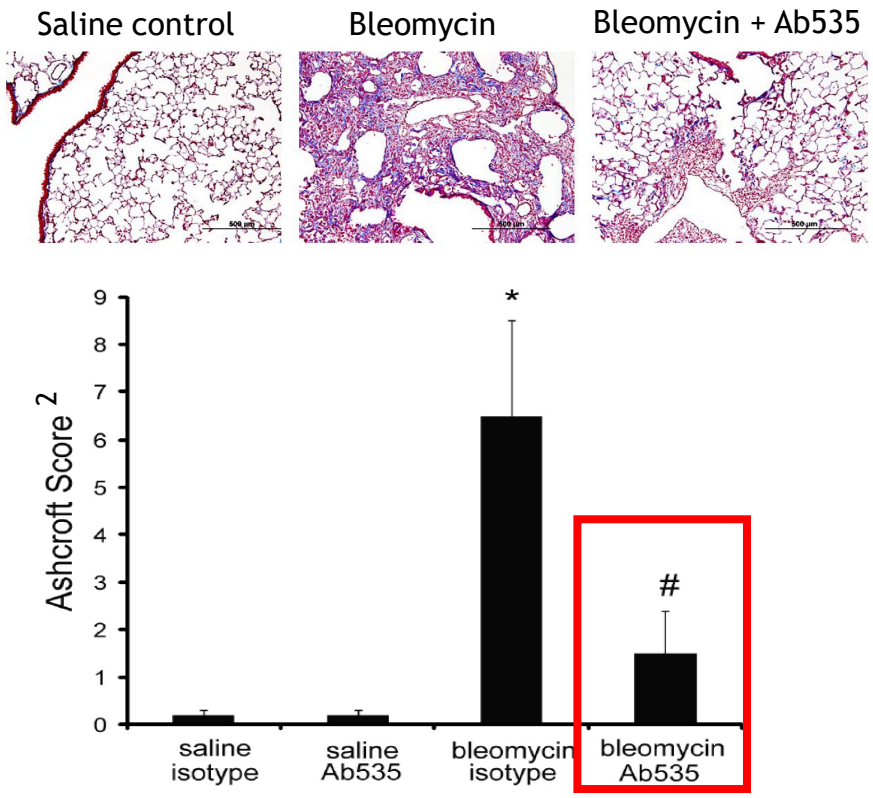
66% had improvement in skin and joint tightening severity

Responses notable in fibrosis-dominated organs, including esophagus (78%), joints/fascia (76%), lung (47%), and skin (27%)

BSA; body surface area; GI, gastrointestinal; Q2W, every 2 week

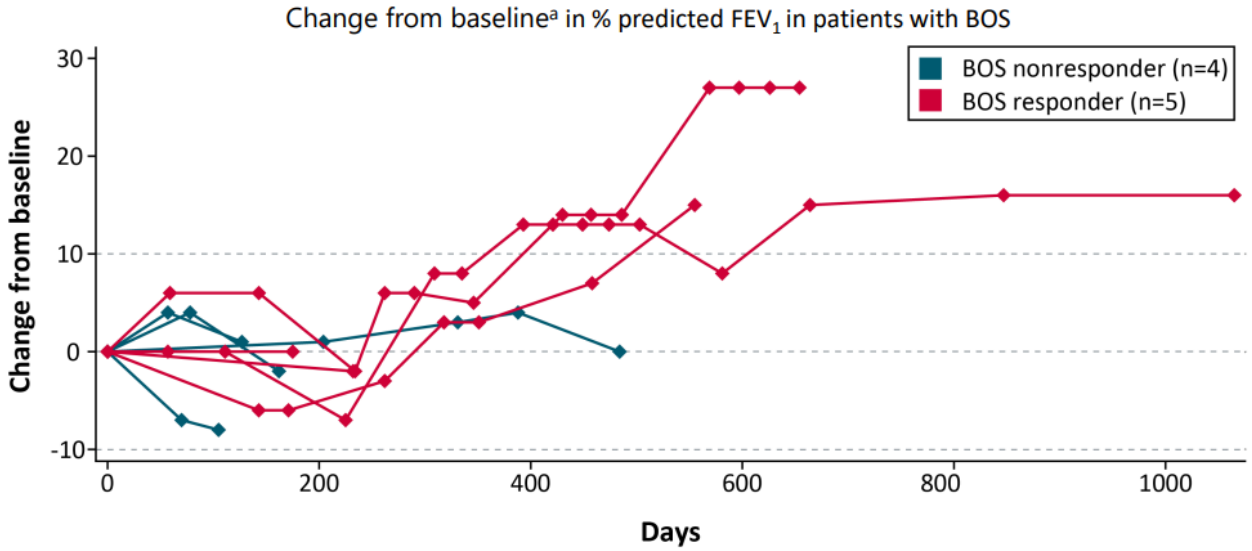
Anti-fibrotic effects of CSF-1R blockade extends to lung fibrosis

Preclinical data indicates CSF-1R inhibition prevents pulmonary fibrosis by depletion of interstitial macrophages



Ab535 is a mouse specific anti-CSF-1R antibody

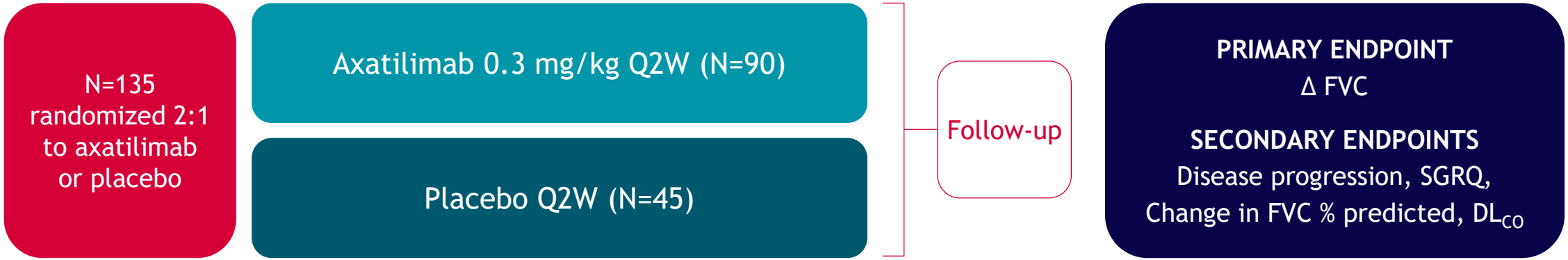
Axatilimab Phase 1/2 trial data in patients with bronchiolitis obliterans syndrome



Left: Intra-tracheal bleomycin model; Ab535 – (UCB patent application WO2015028454 2. Histopathological Fibrosis Score; 3. Alexander et al. J Clin Invest. 2014;10:4266-4680;
Right: Radojcic V. presentation at ATS, May 19 – 24, 2024. FEV1, forced expiratory volume in 1 second. Baseline defined as the latter FEV1 assessment at screening and C1D1 except for 1 subject, baseline is the FEV1 assessment at C1D15. Percent change in FEV1 from baseline is shown for 9 patients; 1 additional patient did not show a progression as reported by change in volume (liters). FEV1 monitoring not mandated by protocol

Axatilimab Phase 2 trial in IPF trial now enrolling patients

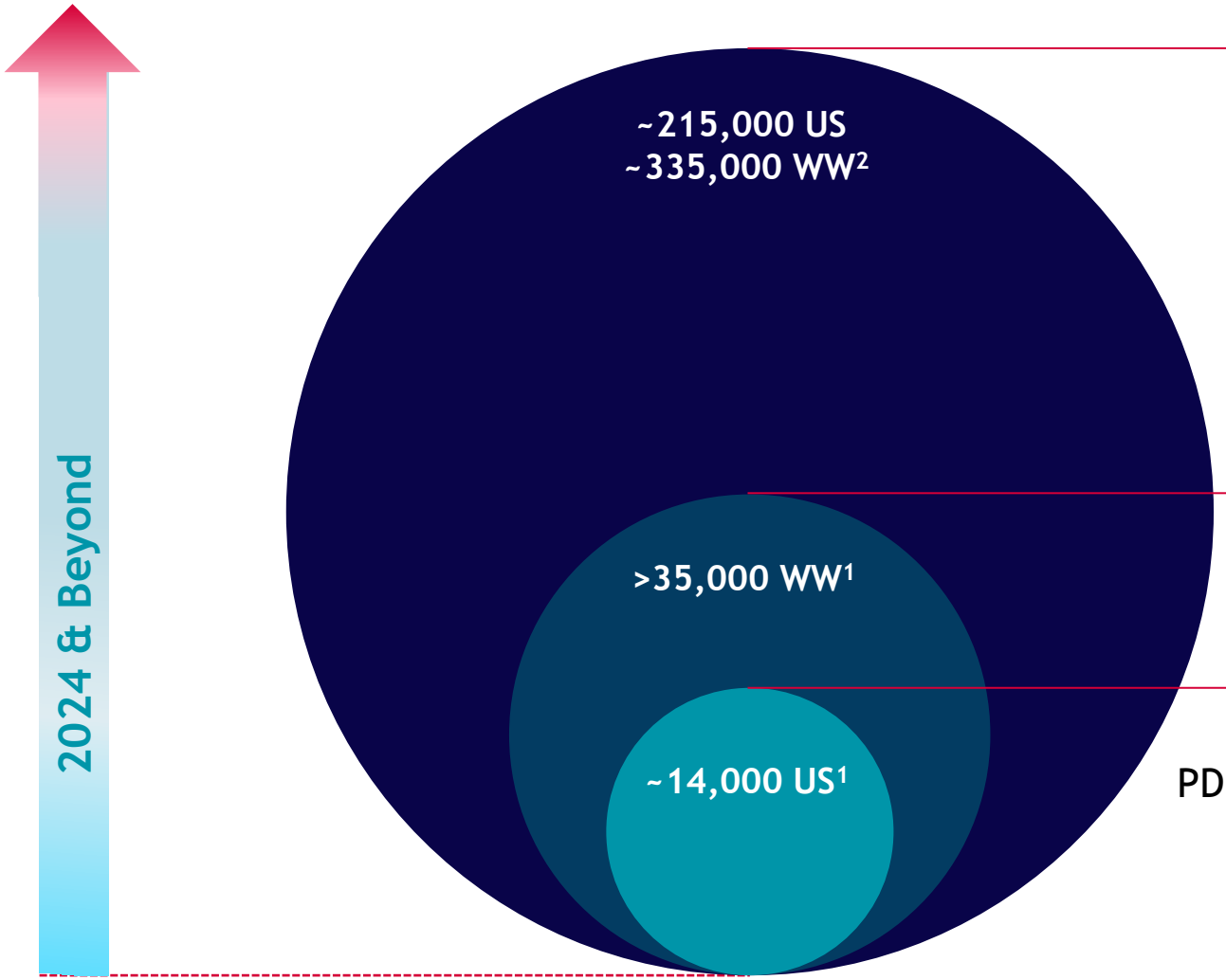
A 26-Week, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Evaluate the Efficacy, Safety, and Tolerability of Axatilimab in Subjects with Idiopathic Pulmonary Fibrosis (IPF)



Axatilimab's advancement into IPF supported by:

- Published preclinical and clinical rationale for CSF-1 pathway inhibition in IPF
- Clinical results from chronic GVHD trials showing the positive impact on lung fibrosis

Axatilimab has the potential to expand into additional high value indications and new geographies



Expansion into fibrotic indications:
IPF POC* ongoing

Expansion into EU, Japan, ROW

R/R chronic GVHD:
PDUFA action date set for August 28, 2024

Expansion into 1st L chronic GVHD:
Jakafi® combo trial init mid-24
Steroid combo trial init mid-24

1 SmartImmunology Insights cGVHD report March 2020; 2 SmartImmunology Insights IPF report March 2020. * IPF trial will be conducted and funded by Syndax

Financial highlights and financial guidance

Ticker	SNDX (NASDAQ)
Cash and equivalents✦ (31 December 2023)	$600.5 M
Shares outstanding* (31 December 2023)	85.1 M

2024 Operating Expense Guidance		
	1Q24	FY24
Research and development	$56 – $62 M	$240 – $260 M
Total operating expenses^	$82 – $88 M	$355 – $375 M

* *Includes pre-funded warrants to purchase 285,714 common shares (rounded)*
^ *Includes an estimated $43 million in non-cash stock compensation expense for the full year 2024*
✦ *Includes short- and long-term investments*

Expected upcoming clinical milestones

REVUMENIB

Menin-KMT2A disruption

- Approval and launch in R/R KMT2Ar acute leukemia in 2024
- Pivotal data from AUGMENT-101 mNPM1 cohort in 4Q24
- Update from Phase 1 metastatic CRC trial in 2Q24
- Additional data from revumenib Phase 1 combination studies (BEAT-AML, SAVE and AUGMENT-102) in 2H24
- Initiation of pivotal combination trial with ven/aza in frontline mNPM1 or KMT2Ar acute leukemias by YE24

AXATILIMAB

Anti-CSF-1R

- Approval and launch in refractory chronic GVHD in 2024
- Initiation of frontline combination trial with Jakafi® in mid-24
- Initiation of frontline combination trial with steroids in mid-24