Syndax

Reimagining Cancer Treatment

SNDX Third Quarter 2023 Results / November 2, 2023

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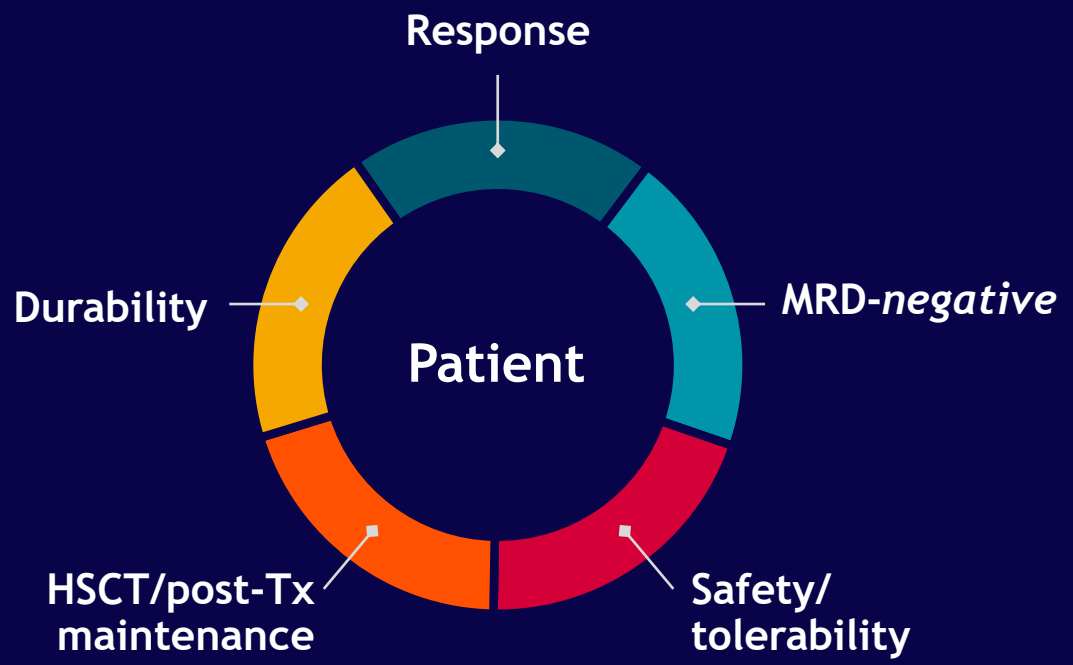
Delivering on important milestones in 2H23

- [x] Presented AGAVE-201 topline pivotal data
- [x] Presented AUGMENT-101 topline pivotal data R/R KMT2Ar acute leukemia
- [x] Initiated revumenib NDA submission for R/R KMT2Ar acute leukemia under RTOR
- [x] Announced final AUGMENT-101 Phase 1 data in R/R mNPM1 AML patients
- [ ] Present important revumenib and axatilimab data @ ASH 2023:
  AGAVE-201, AUGMENT-101, SAVE, BEAT-AML and AUGMENT-102
- [ ] Complete revumenib NDA submission for R/R KMT2Ar acute leukemia
- [ ] Complete axatilimab BLA submission for refractory chronic GVHD

Revumenib positioned as a first- and best-in-class therapy

IDMC recommended stopping AUGMENT-101 KMT2Ar cohorts for efficacy at protocol-defined interim analysis

- Trial met primary endpoint (p-value = 0.0036)
- Majority of patients achieved a clinically significant response to treatment
- High proportion of responders proceeded to potentially curative transplant and restarted post-transplant maintenance
- Well tolerated profile continues to support use as maintenance treatment and promise as potential combination partner in front-line indications
- Complete NDA submission by year-end 2023; potential for first age- and disease-agnostic approval in KMT2Ar acute leukemia



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

AUGMENT-101 KMT2Ar pivotal data establishes compelling efficacy; drives durable, MRD^{neg} responses

Data presentation at ASH 2023 (Abstract #2907)

63% Overall response rate in pooled analysis

23% CR/CRh rate in pooled analysis

6.4mos Median duration of CR/CRh at data cutoff

70% MRD negative rate among CR/CRh responses

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

Well tolerated, only 6% discontinued due to TRAEs

Profile supports a new treatment paradigm: HSCT followed by revumenib post-transplant maintenance

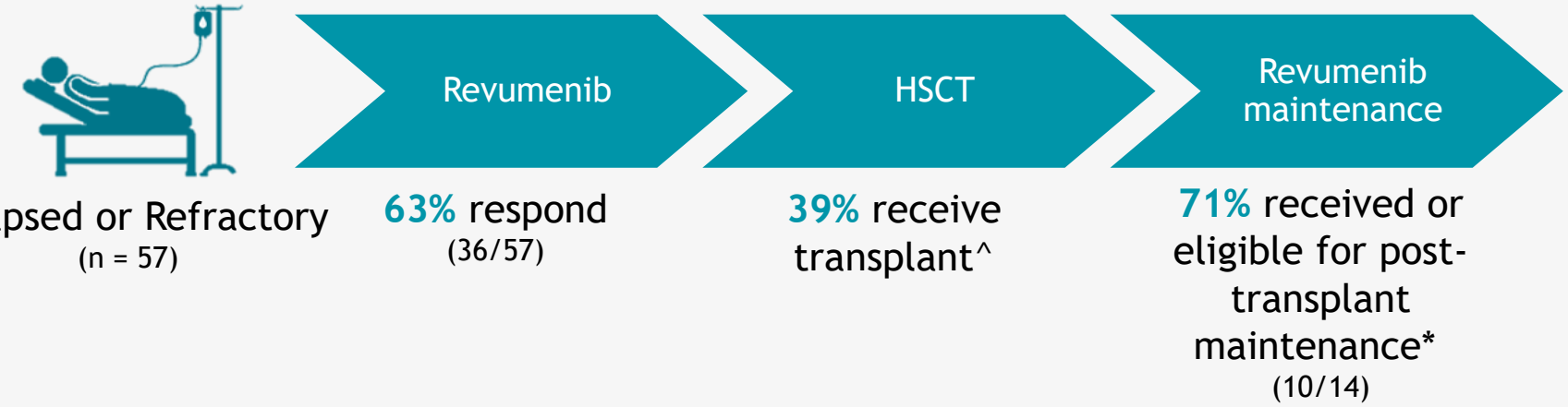
Syndax plans to complete NDA submission by year-end 2023 under RTOR

Abbreviations: TRAEs = Treatment related adverse events; HSCT = Hematopoietic stem-cell transplantation RTOR = Real-Time Oncology Review

Thought leaders indicate revumenib may change the treatment paradigm for R/R KMT2Ar acute leukemia

Data presentation at ASH 2023 (Abstract #4950)

Anticipated KMT2Ar treatment paradigm upon revumenib approval



^ *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*

Revumenib induces MRD- complete responses, supports high rates of stem cell transplant and long-term post-transplant maintenance

Phase 1 results suggest robust efficacy in mNPM1 AML

Pivotal trial enrollment ongoing

Adults with R/R mNPM1 AML

Phase 1
Dose Escalation

	Pts @ RP2D*	CR/CRh	MRD- (CR/CRh)	ORR
ASH 2022 data	11	3 (27%)	3 (100%)	5 (45%)
2023 data	3	2 (67%)	2 (100%)	2 (67%)
Total	14	**5/14** (36%)	**5/5** (100%)	**7/14** (50%)

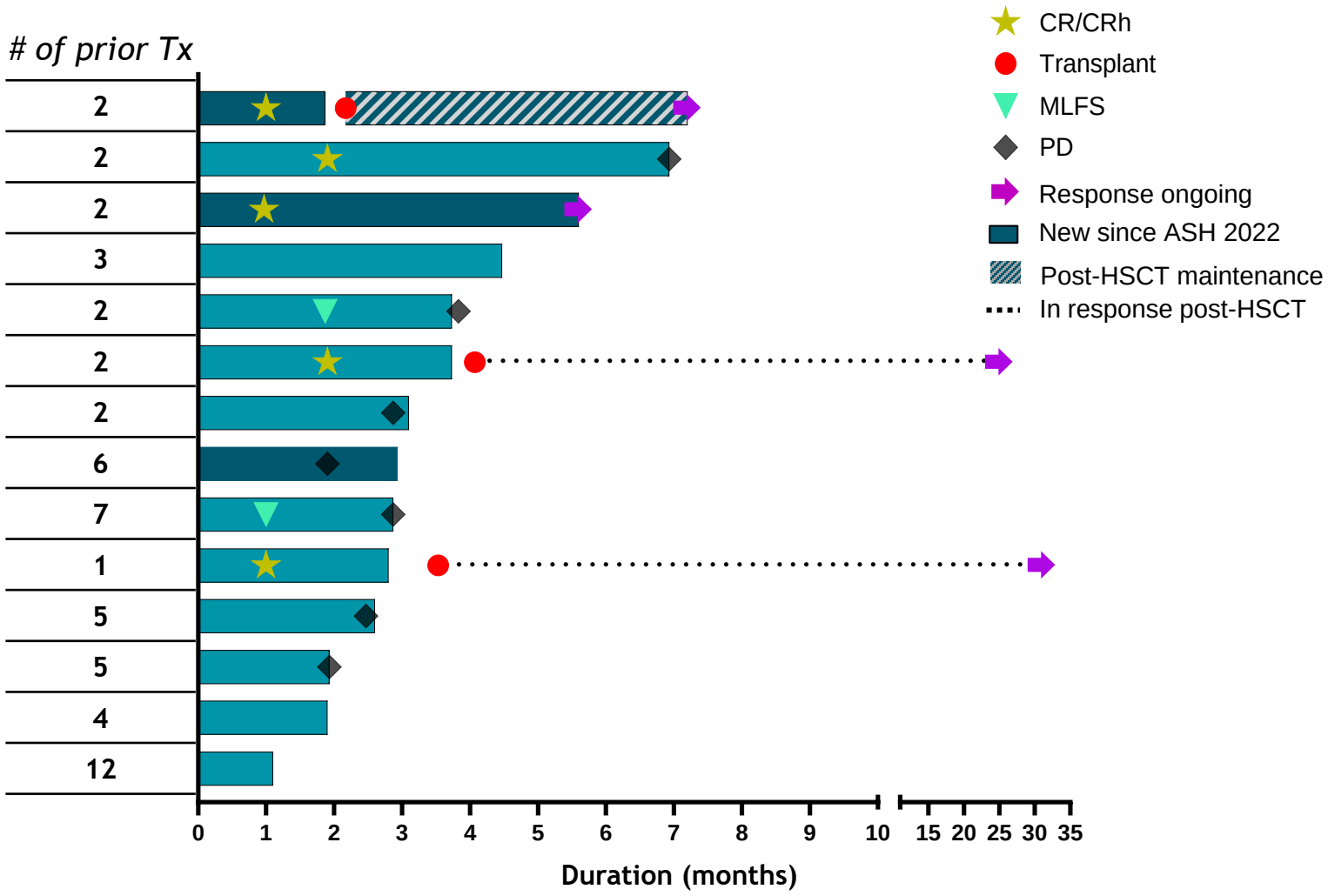
*Doses meeting protocol RP2D criteria

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

- **36%** CR/CRh
- **100%** CR/CRh responders MRD-neg
- TRAEs in-line with overall AUGMENT-101 Phase 1/2 experience

Abbreviations: mNPM1 = mutated nucleophosmin; RP2D = Doses that met exposure equivalent of 226mg q12h or 276mg q12h without strong CYP3A4 inhibitor or 113mg q12h or 163mg q12h with strong CYP3A4 inhibitor
* Data cutoff of July 24, 2023

R/R mNPM1 patients achieve durable, MRD-negative responses with revumenib



- **3/7** responders proceeded to HSCT
- **1** patient restarted revumenib post HSCT*
- **3/5** of CR/CRh maintained response beyond 6 months,
  - **2** over 22 months

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

SAVE AML supports efficacy, safety and tolerability of all-oral revumenib-venetoclax-decitabine/cedazurine combo in R/R mNPM1, KMT2Ar or NUP98r

Full data presentation at ASH 2023 (Abstract #58)

Summary of Enrolled Patients & Response Data		
	N (%)	**Subtype**
Total enrolled	8	KMT2Ar: 5 mNPM1: 1 NUP98r: 2
Median prior Tx	2.5	63% treated with prior venetoclax
Total evaluable	**7**	**Subtype**
ORR	7 (100%)	KMT2Ar + NUP98r + mNPM1
CR / CRh	2 (29%)	1 KMT2Ar + 1 NUP98r
CRp	3 (43%)	1 mNPM1 + 2 KMT2Ar
MLFS	1 (14%)	1 KMT2Ar
PR	1 (14%)	1 NUP98r

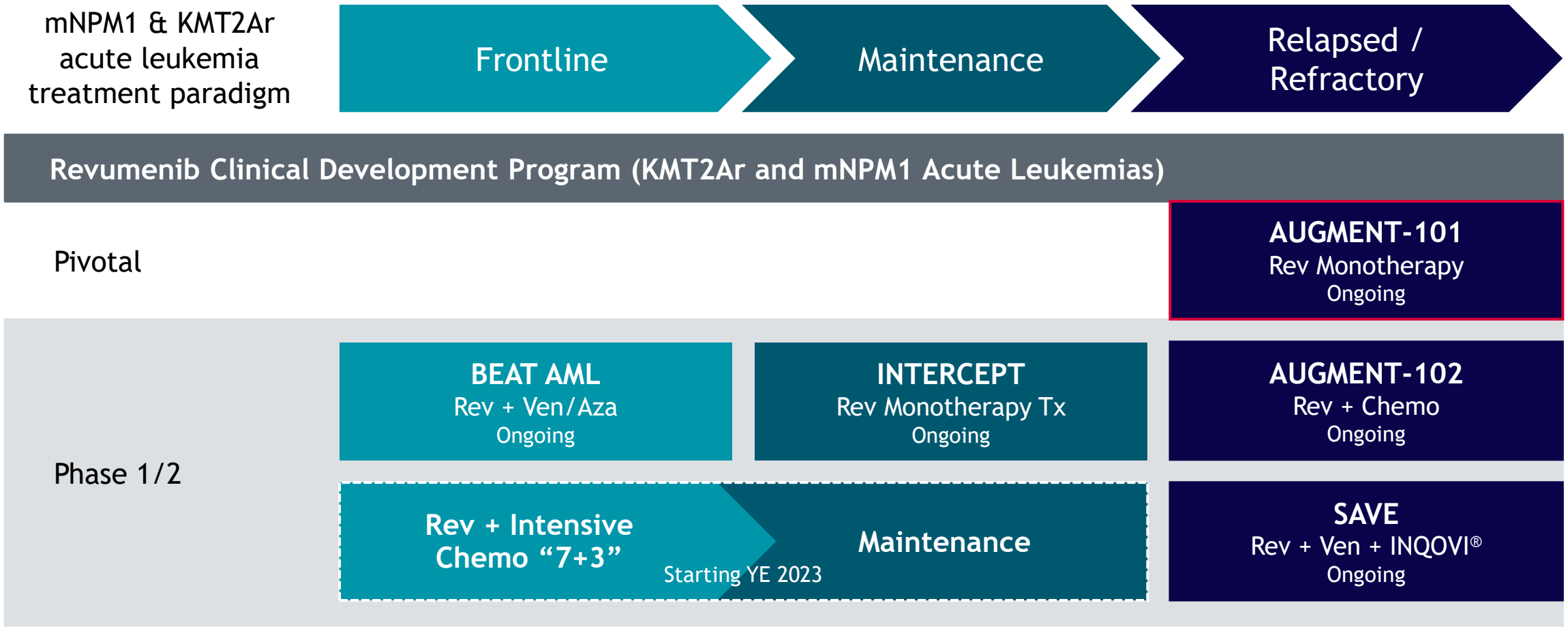
Safety Summary		
	All grade TRAEs in ≥25%	Grade ≥3 TRAEs
febrile neutropenia	63%	63%
hyperphosphatemia	63%	--
nausea	63%	--
AST/ALT elevation	25%	--
decreased platelets count	--	25%
decreased neutrophil count	--	25%

1 DLT (grade 4 thrombocytopenia and neutropenia) which resolved after dose hold

R/R patients achieved high levels of response; no new safety signals observed beyond those reported for venetoclax / HMA combos

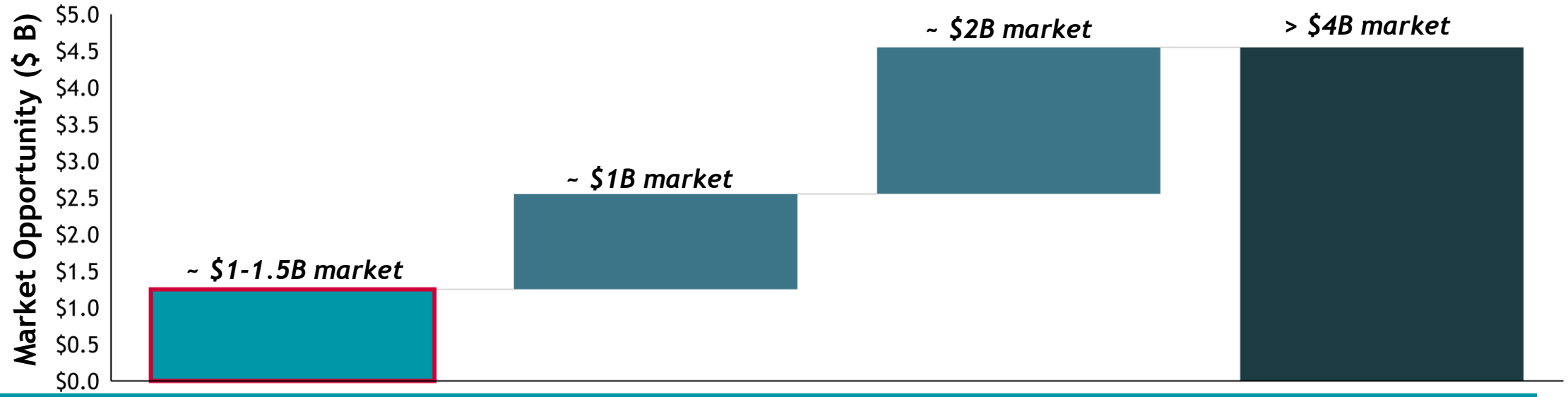
Revumenib could provide significant benefit in mNPM1 and KMT2Ar acute leukemias across the treatment paradigm

Initial data supporting combinability with venetoclax and chemo-based regimens to be presented in 4Q



Revumenib's profile supports use as potential backbone therapy across treatment continuum — providing access to >$4B US market opportunity

Significant growth potential with indications in earlier lines of treatment



	R/R KMT2Ar + mNPM1 Acute Leukemia	1L "Unfit" KMT2Ar + mNPM1 Acute Leukemia	1L "Fit" KMT2Ar + mNPM1 Acute Leukemia	Total
Est. patient population	5,000 - 6,500	~3,500	~5,500	

Source: Data on file; Redbook 2023

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

Data presentation at ASH 2023 Plenary Session (Abstract #1)

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 cGVHD

Durable responses with a reduction in symptom burden

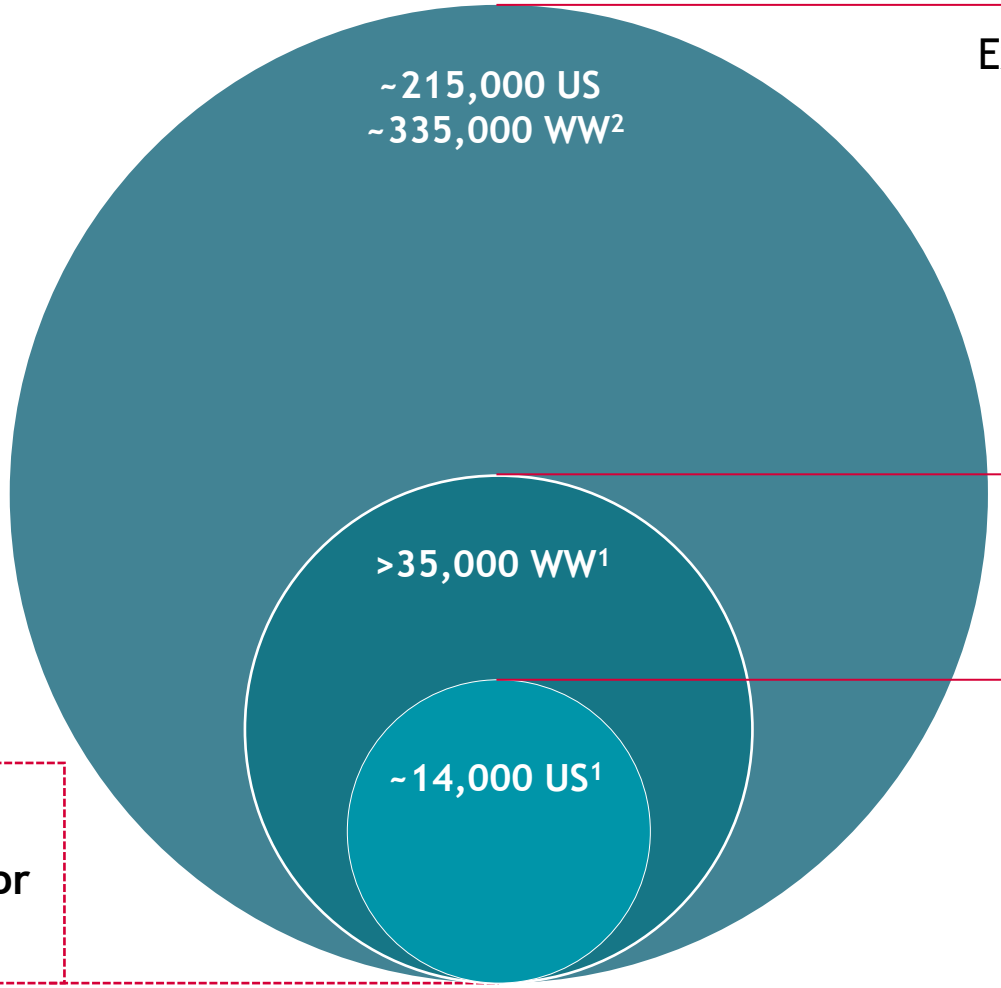
Well tolerated, and the most common adverse events were consistent with on-target effects and prior trials

Syndax and Incyte intend to complete BLA submission by year-end 2023

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

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

2024 & Beyond



Expansion into fibrotic indications:
IPF POC* init YE23

Expansion into EU, Japan, ROW

R/R chronic GVHD:
BLA submission expected YE23

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

2024
Potential approval for R/R chronic GVHD

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✦ (at 30 Sept 2023)	$379.3 million
Shares outstanding* (at 30 Sept 2023)	69.9 million
2023 Operating Expense Guidance	
	FY23 (reduced)
Research and development	$160 – $165 million
Total operating expenses^	$225 – $230 million

* *Includes pre-funded warrants to purchase 285,714 common shares (rounded)*
^ *Includes an estimated $32 million in non-cash stock compensation expense for the full year 2023*
✦ *Includes short- and long-term investments*

Expected upcoming clinical milestones

REVUMENIB
Menin-KMT2A disruption

- ASH 2023 Presentations: AUGMENT-101 pivotal data (KMT2Ar), post-transplant maintenance experience and data from SAVE trial
- Additional data from revumenib combination studies at ASH/4Q23
- Complete NDA submission in R/R KMT2Ar acute leukemia (RTOR) by YE23
- Initiate combination trial with intensive chemo (7+3) in late 4Q23/early 1Q24
- Phase 1 metastatic CRC data from dose escalation phase in 1Q24
- Complete pivotal mNPM1 enrollment in late 1Q24/early 2Q24; data in 4Q24

AXATILIMAB
Anti-CSF-1R

- ASH 2023 plenary presentation on AGAVE-201 pivotal data
- Complete BLA submission in refractory chronic GVHD by YE23
- Initiate Phase 2 trial in IPF by YE23
- Initiate combination trial with Jakafi® in mid-24

Syndax on cusp of significant transformation with value-creating milestones ahead

- Oncology innovator with proven ability to successfully advance novel, differentiated cancer programs
- Innovative pipeline with strong potential to deliver meaningful clinical benefits to address a large unmet need
- Poised to generate strong near- and long-term value creation with two potential first- and best-in-class targeted hematology medicines addressing significant market opportunities starting in 2024
- Future built on commercialization, pipeline expansion opportunities and balance sheet strength