Syndax

Reimagining Cancer Treatment

First Quarter Financial Results Presentation / May 8, 2024

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1Q catalyst updates set the stage for a transformative 2024

1Q milestones

- Granted Priority Review for **revumenib** NDA submission under RTOR for R/R KMT2Ar acute leukemia
- Granted Priority Review for axatilimab BLA submission in chronic GVHD after failure of at least two prior lines of systemic therapy
- Completed enrollment of mNPM1 AML cohort in **revumenib** pivotal AUGMENT-101 trial

Looking ahead in 2024

- ☐ PDUFA action date of September 26, 2024, for revumenib, followed by launch
- ☐ PDUFA action data of August 28, 2024, for axatilimab, followed by launch
- ☐ Pivotal revumenib AUGMENT-101 data in mNPM1 AML in 4Q
- ☐ Additional revumenib combination data in frontline and R/R patients
- ☐ Phase 3 frontline trial initiations for axatilimab and revumenib
- ☐ Update from Phase 1 metastatic CRC trial in 2Q

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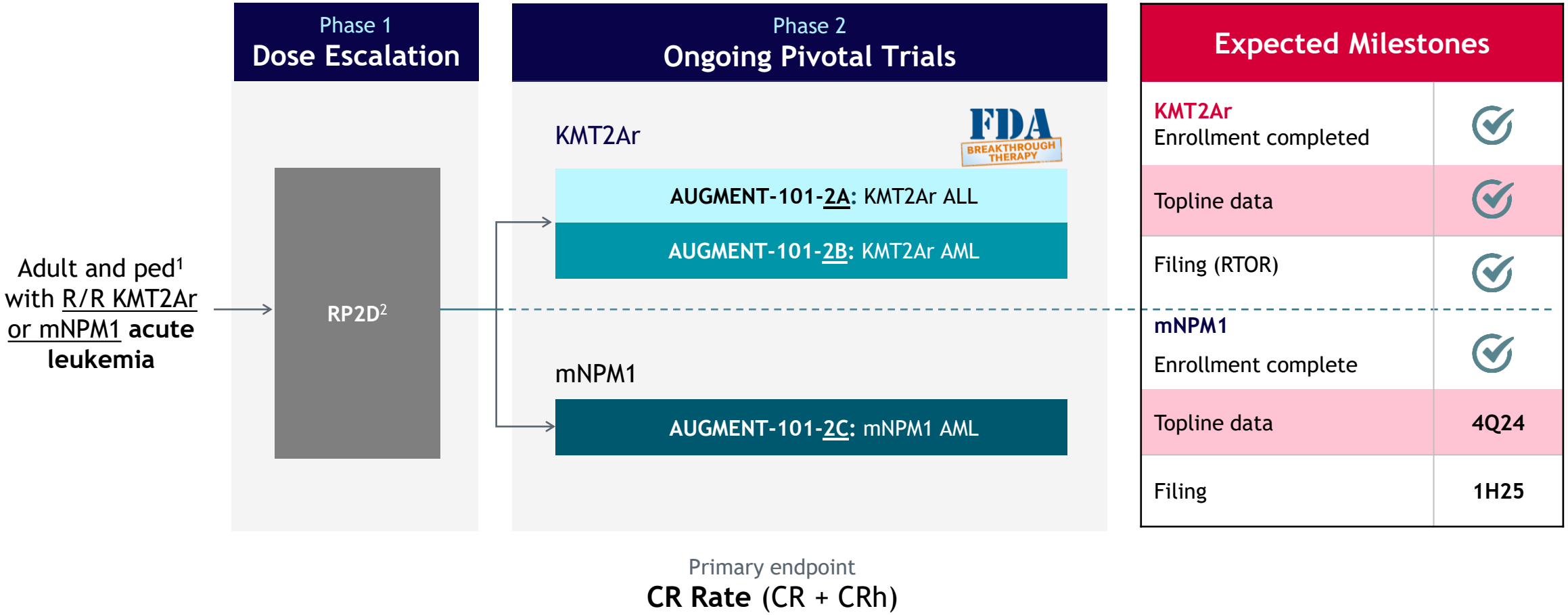
KMT2Ar, KMT2A rearrangement; mNPM1, mutated nucleophosmin; RTOR, Real-time oncology review; R/R, relapsed or refractory; AML, Acute myeloid leukemia; GVHD, Graft-versus-host disease; CRC, Colorectal cancer

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

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*

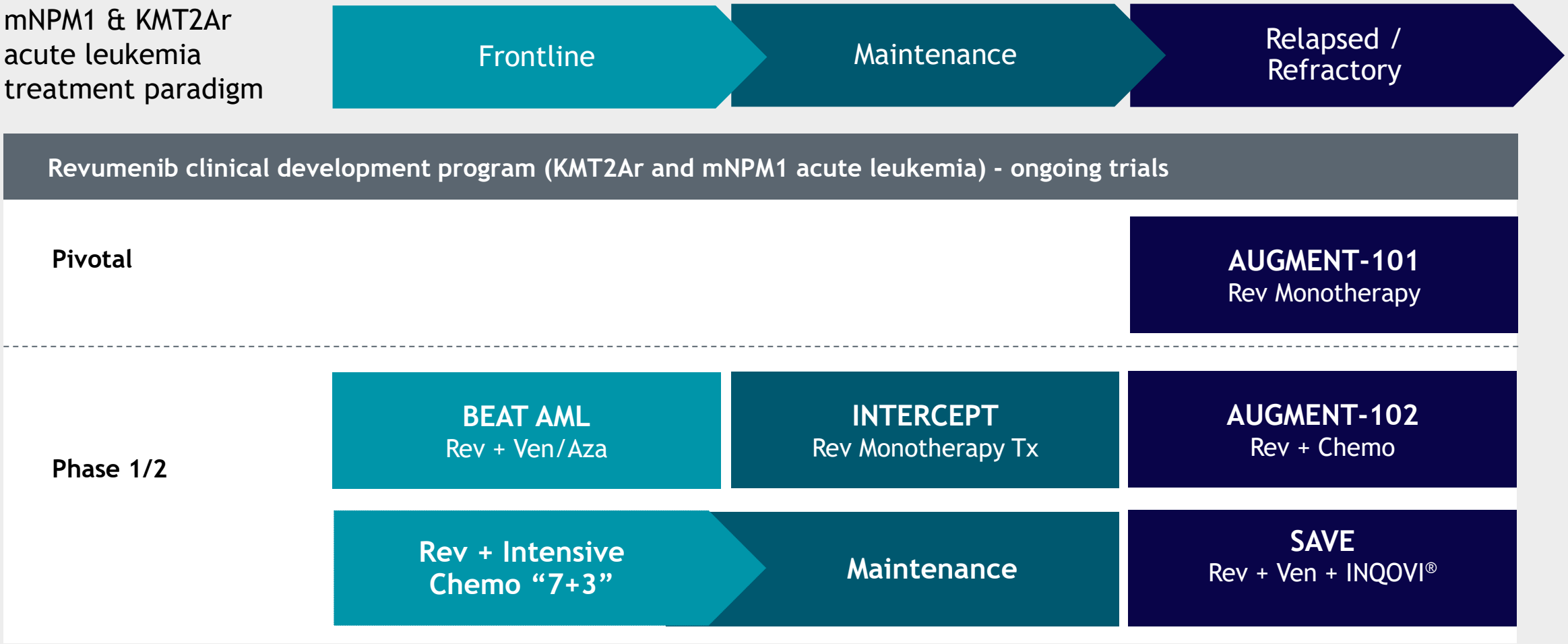
3/5
patients achieving CR/CRh maintained response beyond 6 months, 2 for >22 months

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

Pivotal revumenib AUGMENT-101 data in mNPM1 AML expected in 4Q24

* 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



Axatilimab may be a practice-changing intervention for cGVHD

Unique MOA for cGVHD

- First agent to target disease-causing macrophages to impact fibrosis & inflammation
- Potential synergy with SOC

High and durable ORR

- 74% ORR at 0.3 mg/kg
- 60% of patients treated at 0.3 mg/kg remained in response at 12mo

Well tolerated supporting broad use

- Low rate of SAEs and discontinuations at 0.3 mg/kg
- Antibody reduces potential for DDIs versus small molecule competitors

Enrolled population reflects real world

- Efficacy observed in patients following treatment with current SOC
- Option to switch to Q4W dose at 6mo

cGVHD, Chronic graft-versus-host disease; MOA, Mechanism of action; SOC, Standard of care; DDI, Drug-drug interactions; ORR, Overall response rate; Q4W, Every 4 weeks; SAEs, Serious adverse events

Pre-launch priorities to maximize launch potential

1. Developing an efficient, effective and purpose-built infrastructure and customer-facing model

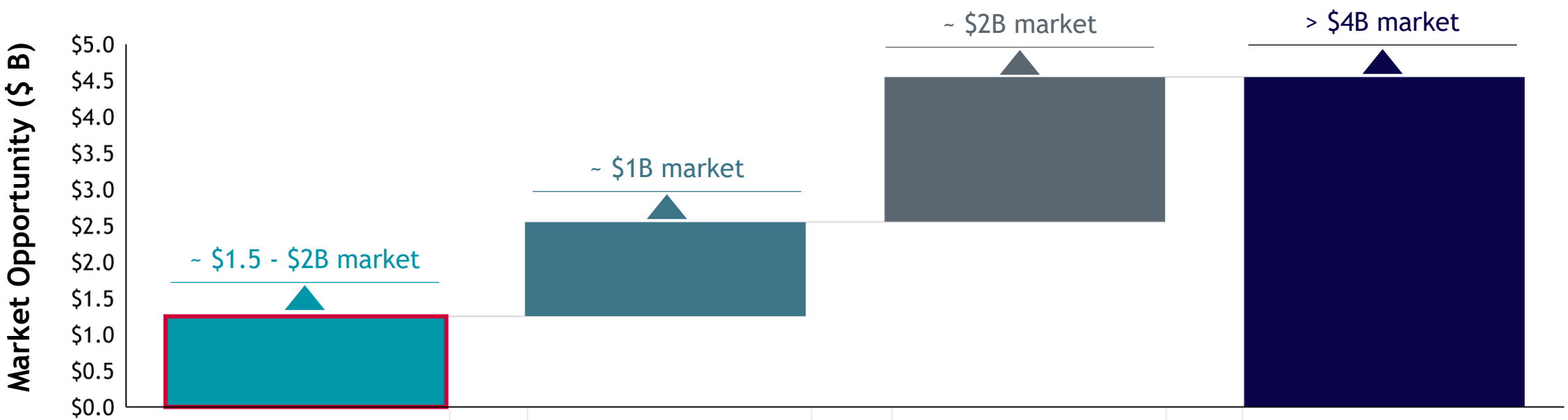
2. Ensuring market access and patient support services are available at time of launch

3. Developing relationships with key stakeholders including payors and healthcare providers

4. Delivering disease state awareness and education

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

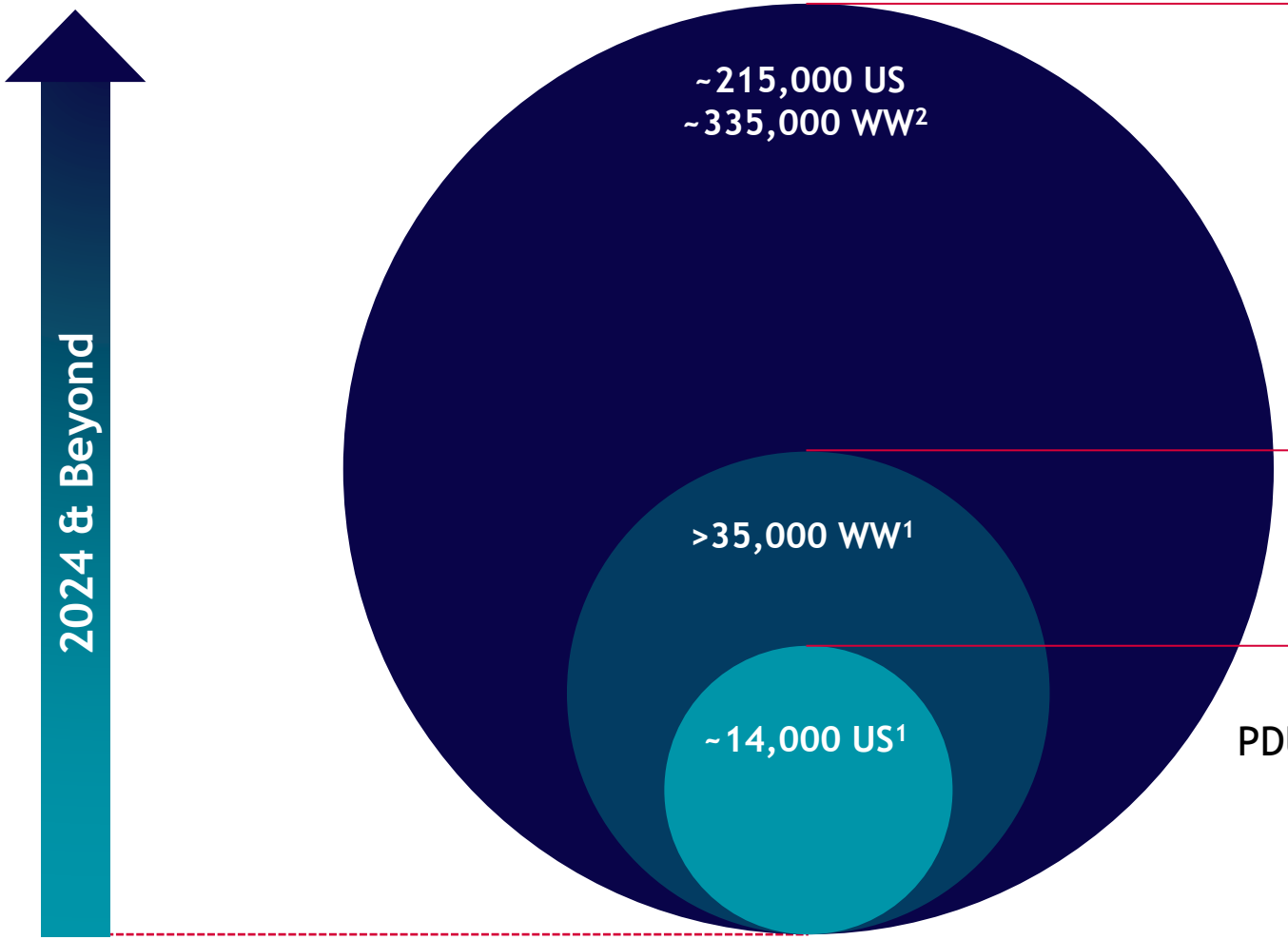
Significant growth potential with indications in earlier lines of treatment



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

Source: Data on file; Redbook 2023

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 2024
Steroid combo trial init 2024

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 March 2024)	$522 M
Shares outstanding* (31 March 2024)	85.3 M

2024 Operating Expense Guidance		
	2Q24	FY24
Research and development	$50 – $55 M	$240 – $260 M
Total operating expenses^	$80 – $85 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

Accounting for net profits/losses on sales of axatilimab

Illustrative example

Syndax will report collaboration profits on a net basis; Incyte will record product sales

Net Profits:

Axatilimab Assumption	
Net product sales of axatilimab	$ 1,000
Cost of Goods Sold	$ 250
Shared Commercialization and other Expense	$ 100
Net profit	$ 650
Syndax's 50% share of net profit	$ 325

Syndax Illustrative P&L	
Collaborative Arrangement Revenue	$ 325
Total Revenues	$ 325
Research & Development, net	$ 200
SG&A	$ 130
Share of Collaboration Loss	$ -
Total Operating Expenses	$ 330

Net Losses:

Axatilimab Assumption	
Net product sales of axatilimab	$ 1,000
Cost of Goods Sold	$ 250
Shared Commercialization and other Expense	$ 800
Net (loss)	$ (50)
Syndax's 50% share of net (loss)	$ (25)

Syndax Illustrative P&L	
Collaborative Arrangement Revenue	$ -
Total Revenues	$ -
Research & Development, net	$ 200
SG&A	$ 130
Share of Collaboration Loss	$ 25
Total Operating Expenses	$ 355

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 2024
- Initiation of frontline combination trial with steroids in 2024