Syndax

Reimagining Cancer Treatment

Corporate Presentation

August 2026

Forward-looking statements disclosure

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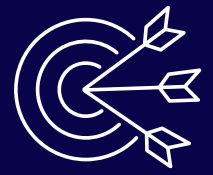
Syndax is delivering for patients and driving substantial long-term value

TRACK RECORD OF SUCCESS

Proven ability to translate scientific discoveries into novel medicines, with three FDA approvals between two drugs

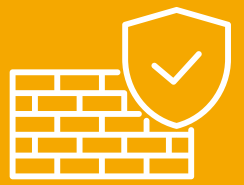
WORLD-CLASS R&D CAPABILITIES

Fully integrated biotech with deep expertise and strong partnerships with leading researchers



DEEP AND GROWING PIPELINE

Robust late- and early-stage pipeline with multiple near-term catalysts in 2H26 and blockbuster opportunities



SOLID FINANCIAL POSITION

Driving towards profitability with growing revenues; fully funded to advance late-stage trials and pipeline assets

Advancing the standard of care for R/R NPM1m AML and KMT2Ar acute leukemia and chronic GVHD with two first- and best-in-class medicines

First and only menin inhibitor with multiple indications

First and only CSF-1R-blocking antibody approved in R/R cGVHD

Revuforj® (revumenib) and Niktimvo™ (axatilimab-csfr) are each annualizing at well over $200M as of 2Q26, advancing the company towards profitability

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Strong 2Q26 results with multiple drivers for sustainable growth

ROBUST 2Q26 COMMERCIAL DEMAND

- **$55M in Revuforj net revenue** (+91% y/y), highlighting leadership in menin inhibition, robust demand in NPM1 and KMT2A, and an increasing average duration of therapy
- **$60M in Niktimvo net revenue** (+67% y/y), resulting in $18M in collaboration revenue
- **$73M in total revenue to Syndax** (+92% y/y)

EXCELLENT PIPELINE PROGRESS

- Advanced leadership in menin inhibition; **positioned to be 1st to frontline (1L) AML**
- On track for **Ph 2 axatilimab data in IPF and 1L cGVHD in 4Q26**
- Announced **two new pipeline assets with first- and best-in-class potential** in EGFRm NSCLC and myelofibrosis

SOLID FINANCIAL FOUNDATION

- **$575M in cash** and equivalents; fully funded to advance strategic priorities
- **Driving towards profitability** with growing product revenues and strong patent protection into at least late 2030s[1]

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1. Patent protection into at least late 2030s for Revuforj and Niktimvo and at least 2040s for SNDX-4321 and SNDX-62122.
y/y, year-over-year; IPF, idiopathic pulmonary fibrosis; cGVHD, chronic graft-versus-host disease; EGFRm NSCLC, EGFR-mutated non-small cell lung cancer

Revuforj® (revumenib)

REVUFORJ IS FDA-APPROVED FOR MULTIPLE PATIENT SUBTYPES

NOW APPROVED FOR A SECOND INDICATION

ONE MENIN INHIBITOR **MULTIPLE INDICATIONS**

As the one menin inhibitor with two FDA-approved indications, Revuforj has the power to target multiple acute leukemia subtypes[1]

First and only menin inhibitor approved in adults & children ≥1 year of age with:

R/R acute leukemia with KMT2A translocation

R/R AML with NPM1 mutation

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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.

Strong 2Q26 Revuforj results with sixth consecutive quarter of double-digit net revenue and prescription growth

2Q26 Revuforj results

$54.7M
net revenue

91% growth vs. 2Q25
12% growth vs. 1Q26

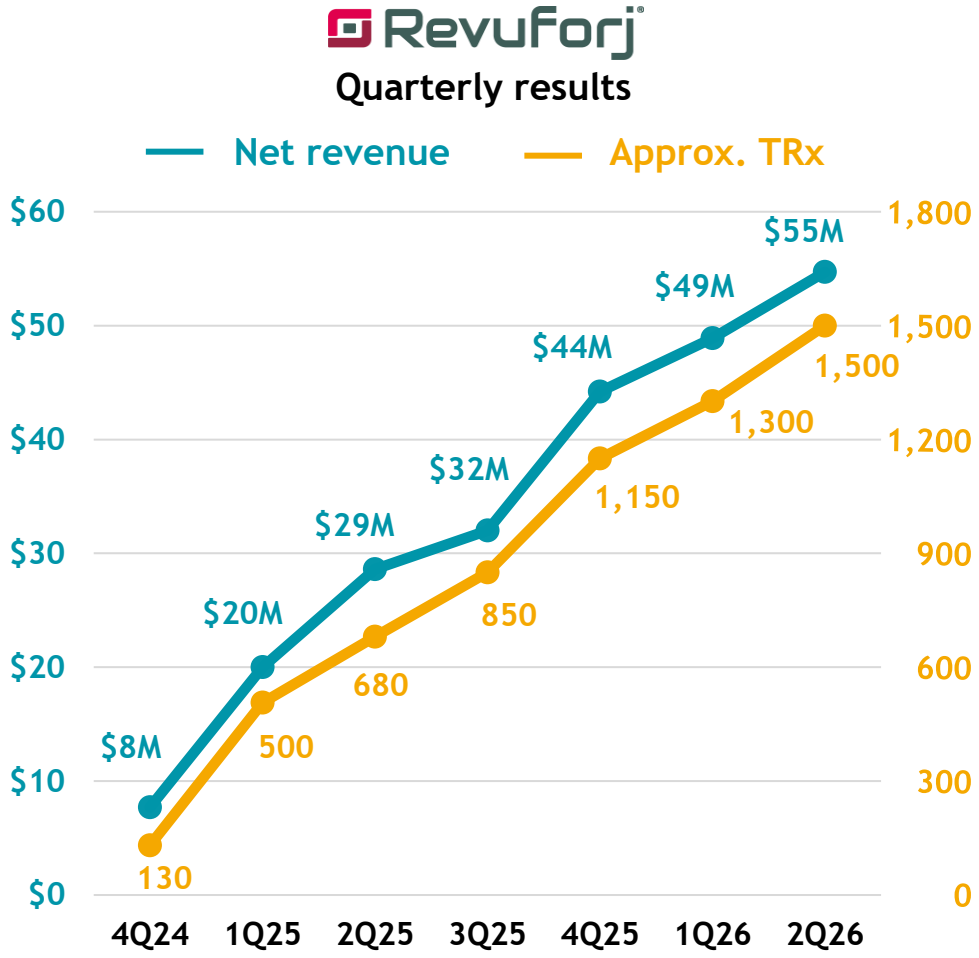
~1,500
total prescriptions

~121% growth vs. 2Q25
~15% growth vs. 1Q26

2Q growth reflects an increasing average treatment duration, primarily driven by a growing pool of patients on Tx post-HSCT

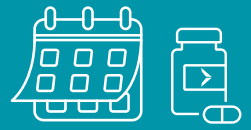
>30%
of 2Q26 net revenue from NPM1 business

~1,630
patients treated commercially since launch



TRx, total prescriptions; HSCT, hematopoietic stem cell transplant; Tx, treatment

Strong fundamentals in place to drive Revuforj growth

NEW PATIENT STARTS **X** **TREATMENT DURATION**  **=** **MARKET OPPORTUNITY**

- Opportunity to address **~6.5K R/R patients annually:**
  - **~2K patients with R/R KMT2A-translocated** acute leukemia
  - **~4.5K patients with R/R NPM1-mutated** AML
- Only FDA approved menin inhibitor for R/R KMT2A patients
- Leader in R/R NPM1m with room for further growth

- **Increasing average treatment duration** driven by evolving clinical practice
- Used in **early lines of R/R treatment and in combinations:**
  - ~75% of use in 2L/3L
  - ~40% of use in combination
- **~50% of KMT2A patients proceed to HSCT and ~50% have resumed Tx thus far**

- Comprehensive clinical development program underway targeting **$5B+ U.S. TAM across R/R and frontline acute leukemia**

Revuforj is positioned for success with an outstanding commercial foundation

Broad and expanding prescriber base

88%

of Tier 1+2 accounts activated

>580

total accounts (+11% q/q growth)

Excellent payer coverage with no meaningful barriers to access

98%

of all covered lives with formulary coverage for both Revuforj indications

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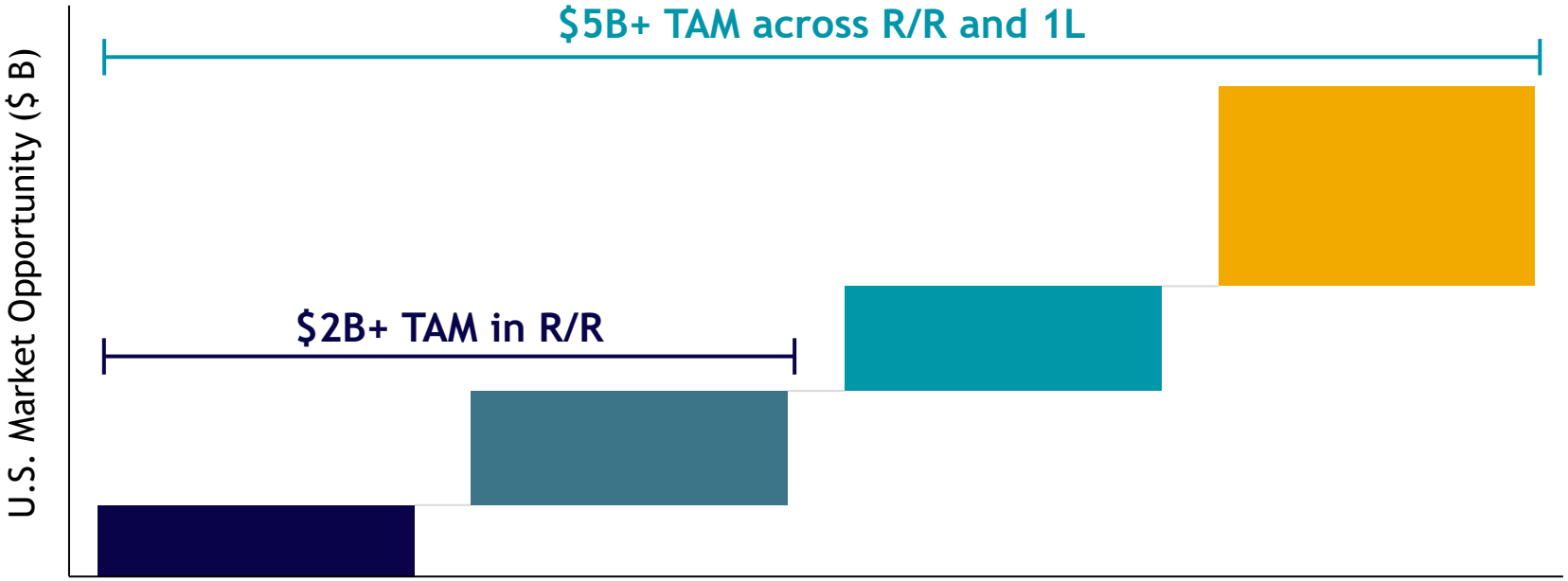
All covered lives includes all commercially covered lives plus Medicare and Medicaid lives.

Revuforj development program targets $5B+ U.S. market opportunity across R/R and 1L acute leukemia

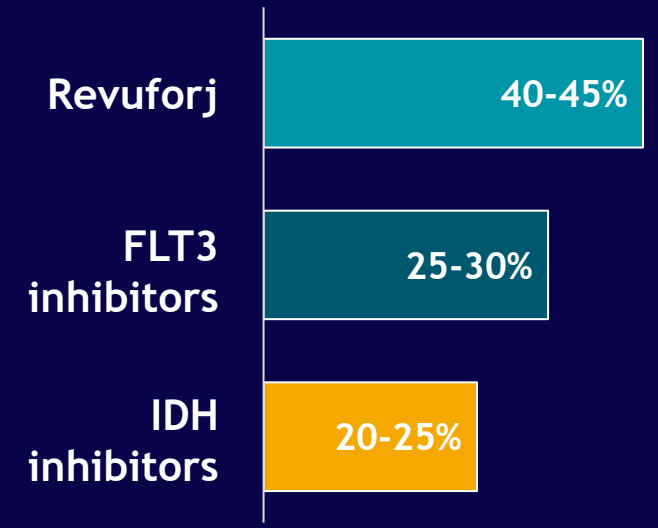


	R/R acute leukemia with KMT2A translocation	R/R AML with NPM1m	1L "Unfit" AML with KMT2Ar or NPM1m	1L "Fit" AML with KMT2Ar or NPM1m
Est. annual incidence	~2,000	~4,500	~3,500	~5,500

Peak annual net revenue in excess of $2B expected in the U.S. inclusive of future anticipated 1L indications

*With the **largest addressable population** and extended treatment durations, Revuforj is tracking well above launch benchmarks set by other mutation-directed AML therapies*

Addressable AML population



Syndax is positioned to be first to 1L AML with Revuforj, building on a long history of delivering landmark ‘firsts’

2020

First to clinically validate menin inhibition

2023

First to report positive pivotal R/R KMT2Ar data

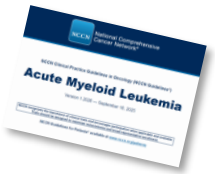
2024

First FDA approved menin inhibitor

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

First to report positive pivotal R/R NPM1m data

First menin inhibitor added to NCCN Guidelines®



2025

First to initiate pivotal 1L trial of a menin inhibitor

First to receive FDA approval in R/R NPM1m AML

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

First to discover potential for menin inhibition in MF

First to publish clinical data showing activity in R/R NUP98r

First to 1L AML

Completed milestones

Anticipated milestones

1L, frontline; R/R, relapsed or refractory; RWE, real-world evidence

Niktimvo™ (axatilimab-csfr)

Niktimvo is poised to deliver on the promise of CSF-1R inhibition in cGVHD and beyond

First and only CSF-1R-blocking antibody FDA approved in ≥3L cGVHD

Novel MoA in cGVHD to address inflammation and fibrosis

Trials underway in 1L cGVHD & IPF to further unlock multi-billion-dollar opportunity

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cGVHD, chronic graft-versus-host disease; IPF, idiopathic pulmonary fibrosis; MoA, mechanism of action

Strong Niktimvo 2Q26 results driven by robust demand

$60.3M

2Q26 net revenue to INCY

67% growth vs. 2Q25

9% growth vs. 1Q26

$18.1M

2Q26 collaboration revenue to SNDX

93% growth vs. 2Q25

13% growth vs. 1Q26

>300

2Q26 new patients

~5,750

2Q26 infusions administered

Performance reflects strong, consistent new patient starts and solid persistency

Syndax records 50% of the Niktimvo net commercial profit, defined as net revenue (recorded by Incyte) minus the cost of sales and commercial expenses.

Niktimvo is positioned for continued growth and success in cGVHD

Strong Adoption in 4L with Growing Use in 3L cGVHD

Approx. one-third of 3L+ cGVHD market within 1.5 years of launch

Extended Tx Durations to Address Chronic Disease

~60-70% of patients stay on therapy for at least 12 months

Broad Prescriber Base

Nearly every U.S. BMT center has ordered and become a repeat customer

Strong Commercial Synergies

Niktimvo targets overlap with key accounts where Syndax and Incyte have deep relationships

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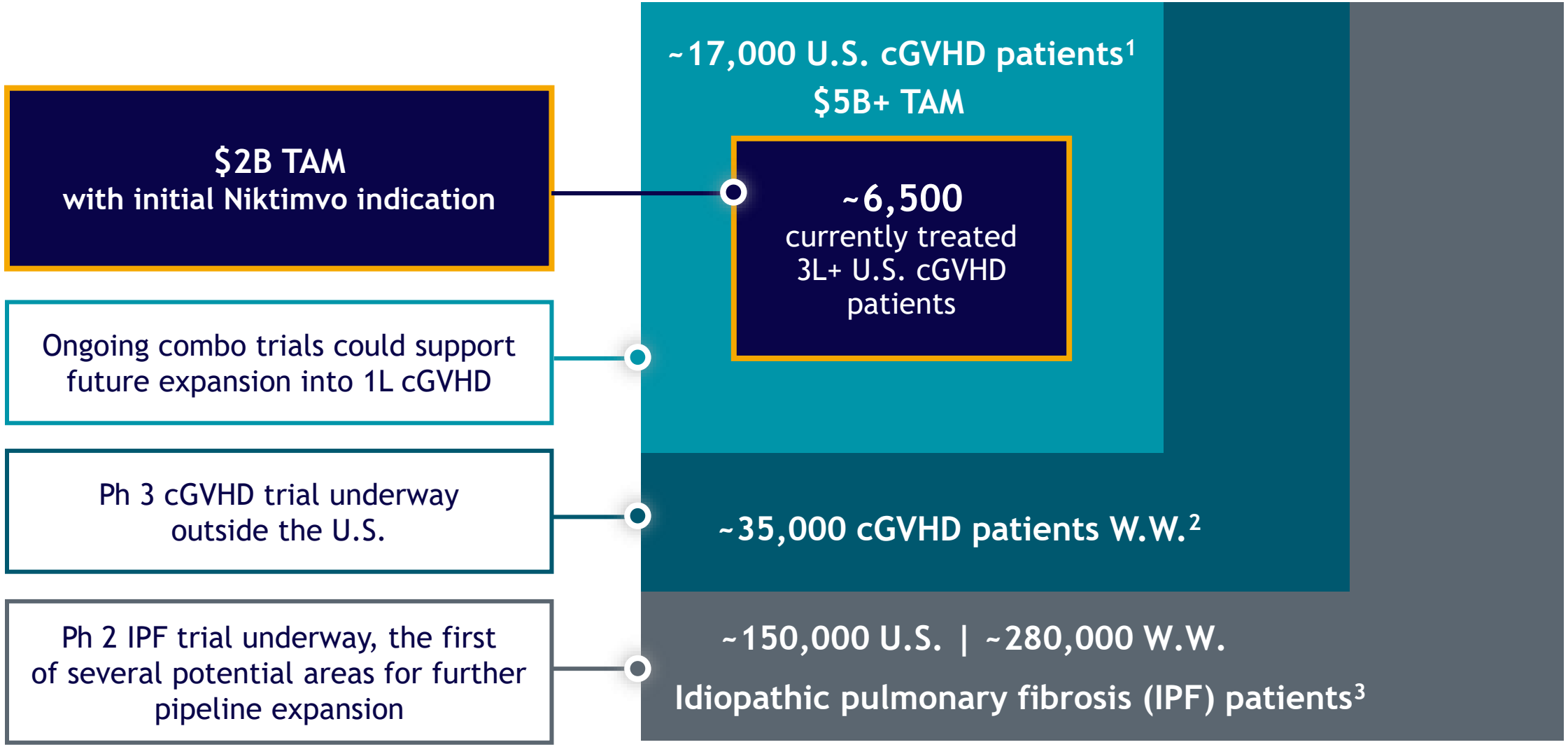
3L, third line; 4L, fourth line; BMT, bone marrow transplant centers; Tx, treatment

Initial Niktimvo indication represents a $2B U.S. market opportunity, with substantial opportunities for label and geographic expansion



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cGVHD, chronic graft-versus-host disease; 1. Internal data on file; 2. SmartImmunology Insights cGVHD report March 2020; 3. SmartImmunology Insights IPF report March 2020. * IPF trial will be conducted and funded by Syndax.

Advancing a robust and growing pipeline with a proven R&D engine

Syndax is built to deliver innovative therapies in areas of high unmet need

WORLD-CLASS R&D ORGANIZATION

- Talented team with extensive experience developing novel medicines and building leading franchises
- Trailblazers in menin, CSF-1R, and EGFR inhibition

PARTNERSHIPS WITH LEADING RESEARCHERS

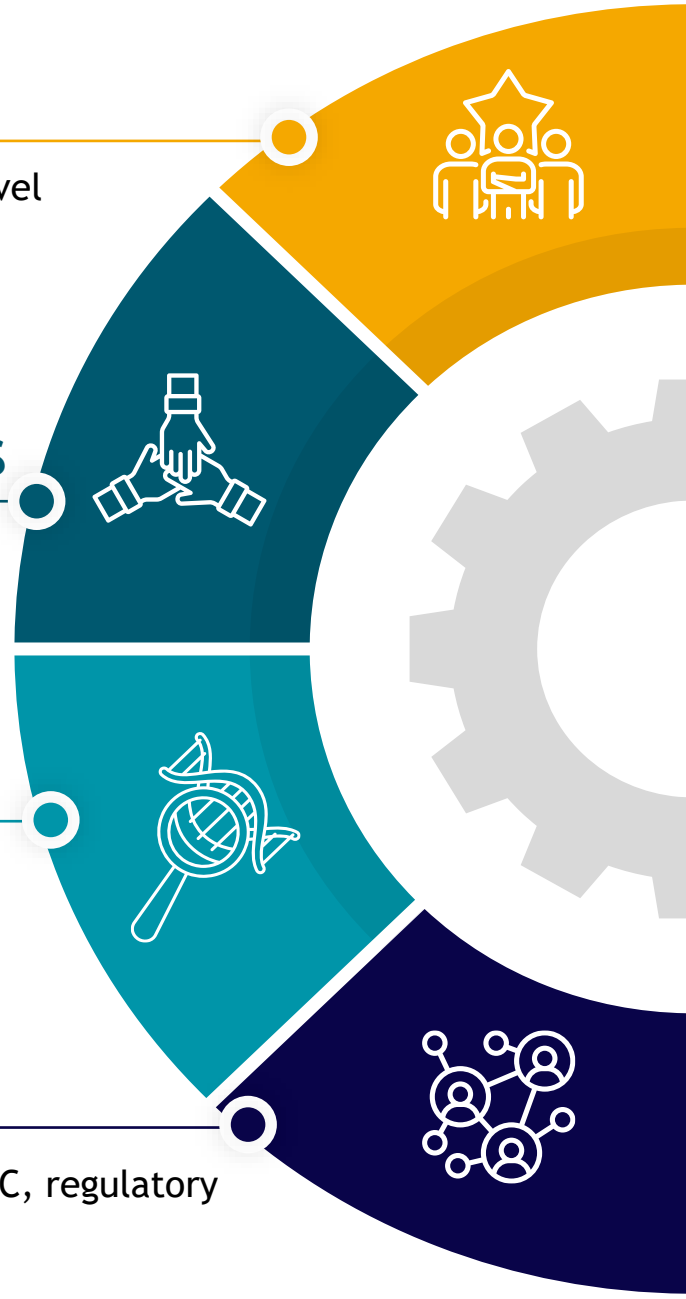
- New discoveries catalyzed by long-standing collaborations with leading researchers

DEEP MECHANISTIC UNDERSTANDINGS

- Proven ability to follow the science to deliver groundbreaking new treatments

FULLY INTEGRATED CAPABILITIES

- In-house expertise spanning discovery, development, CMC, regulatory approval, and commercialization
- Right-sized for innovation and rapid decision making

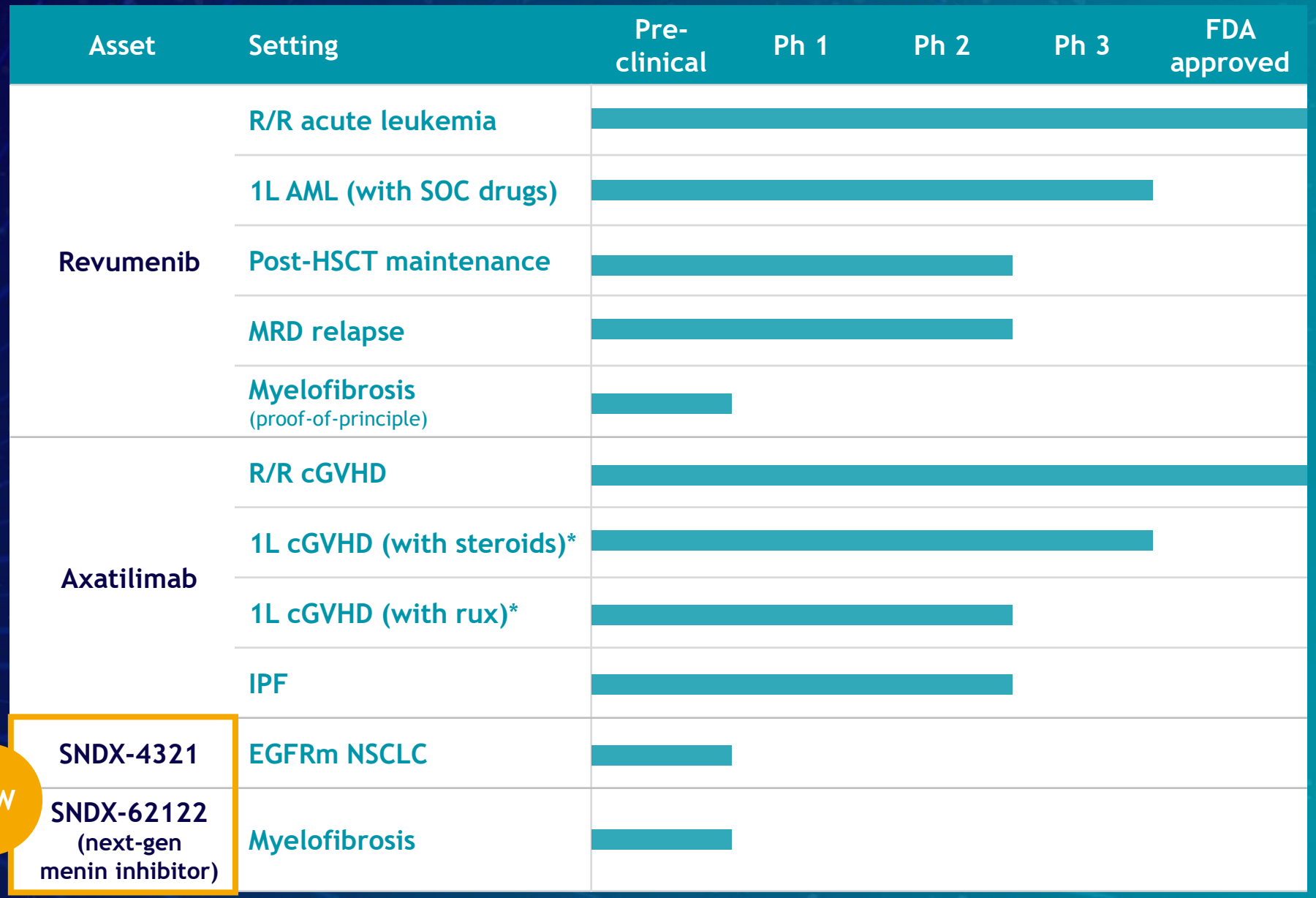


A ROBUST AND GROWING PIPELINE OF PROGRAMS

Positioned to be the 1st to deliver pivotal 1L data for a menin inhibitor

Phase 2 axatilimab data in IPF and 1L cGVHD anticipated in 4Q26

At least 4 innovative assets expected in the clinic in 2027



R/R, relapsed or refractory; 1L, frontline; AML, acute myeloid leukemia; SOC, standard of care; MRD, measurable residual disease; cGVHD, chronic graft-versus-host disease; rux, ruxolitinib; IPF, idiopathic pulmonary fibrosis; NSCLC, non-small cell lung cancer. *Trials led by Incyte.

Advancing our leadership in menin inhibition

Positioned to continue leading menin inhibition in acute leukemia and beyond

BROADEST INDICATION & CLINICAL ACTIVITY

- Only menin inhibitor approved for R/R **NPM1m** AML + **KMT2A** translocated acute leukemia in **adults and children**
- Only menin inhibitor with presented data showing clinical activity in **NUP98r**

INTEGRATED EVIDENCE GENERATION PLAN

- Rapidly growing body of **practice-informing**, potentially **guideline- and registration-enabling** data across multiple acute leukemia settings and genetic subtypes

LIBRARY OF NEXT-GEN MENIN INHIBITORS

- **Internally developed library** coupled with the ability to leverage revumenib to inform and de-risk **development in promising new areas**

STRONG SCIENTIFIC PARTNERSHIPS

- **Collaborations with world-leading scientists and clinicians** catalyze translation of promising scientific discoveries into breakthroughs for patients

Syndax is pioneering menin inhibition across multiple acute leukemia settings and subtypes, including NPM1m, KMT2Ar, and NUP98r

	FRONTLINE (1L)		MAINTENANCE & MRD RELAPSE	RELAPSED / REFRACTORY
	INELIGIBLE FOR IC ('UNFIT')	**ELIGIBLE FOR IC ('FIT')**		
Ph 1/2	**BEAT AML** Rev + ven/aza in NPM1m & KMT2Ar	**SNDX-708 + NCI trial** Rev + IC in NPM1m, KMT2Ar, NUP98r	**INTERCEPT** Rev for MRD relapse	**AUGMENT-101** Rev in KMT2Ar & NPM1m
Ph 1/2	**SAVE** Rev + ven/HMA in NPM1m, KMT2Ar, NUP98r	**RAVEN** Rev + ven/aza in KMT2Ar	**Break *Through* Cancer** Rev + ven for MRD clearance	**SAVE** Rev + ven/HMA in NPM1m, KMT2Ar, NUP98r
			Dose optimization + MenTain Rev as post-HSCT maintenance	**AUGMENT-102** Rev + FLA in KMT2Ar, NPM1m, NUP98r

Global pivotal 1L trials underway with dual primary endpoints to support potential for accelerated and full approval

Ph 3	**EVOLVE-2** Rev + ven/aza in NPM1m & KMT2Ar	**REVEAL** Rev + IC in NPM1m	

Rapidly growing body of practice-informing, potentially guideline- and registration-enabling data

Rev, revumenib; IC, intensive chemotherapy; HSCT, hematopoietic stem cell transplant

Recent medical meetings and publications highlight Syndax's scientific leadership in menin inhibition

June	June	June	July
ASCO	eha	Journal of Clinical Oncology® An American Society of Clinical Oncology Journal	Cancer Cell
Presented 4 revumenib abstracts, including an oral presentation of post-HSCT maintenance data	Presented 12 revumenib abstracts spanning multiple acute leukemia settings and subtypes	Published first data for an all-oral, menin-based combo in R/R NPM1m, KMT2Ar, & NUP98r AML	Published landmark preclinical data showing potential for menin inhibition in MPNs

Additional 1L, maintenance, real-world, and R/R revumenib data anticipated in 2H26 + beyond

Following the science to unlock the full potential of menin inhibition

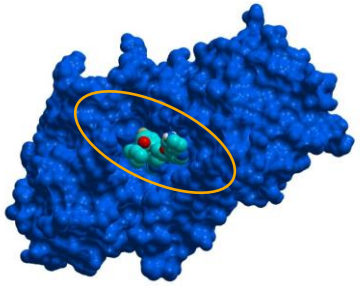
Growing body of evidence shows revumenib has robust activity across multiple acute leukemia subtypes and settings, including in combination with standard-of-care therapies

- Emerging data highlights the potential for revumenib in multiple diseases
- **Myelofibrosis (MF) selected as the next area for expansion based on:**
  - ✓ **High unmet need**
  - ✓ **Compelling preclinical data**
  - ✓ **Strategic fit**
  - ✓ **Potential for early clinical signal**

Leading menin inhibition into the future with a library of next-gen molecules plus the ability to leverage revumenib to de-risk development in new areas

Library of internally developed next-gen menin inhibitors

SNDX-62122 next-generation menin inhibitor



- Molecules will be deployed in new areas, starting with MF
- Rationally designed molecules informed by our deep molecular understanding of revumenib's interaction with menin
- Wholly owned assets with no financial encumbrances
- Multiple distinct scaffolds with composition of matter patents into late 2040s

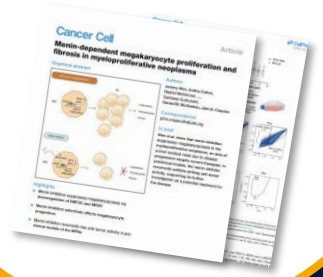
- 1st molecule to emerge from our library
- IND submission in MF expected in 2027
- Profile:
  - ✓ Higher potency
  - ✓ Increased selectivity
  - ✓ Optimized PK
  - ✓ Active against common resistance mutations

Revumenib will be leveraged in preclinical and proof-of-principle clinical studies to generate data that informs development of next-gen molecules in new therapeutic areas

Leveraging revumenib to inform and de-risk development of SNDX-62122 in MF

Anticipated path forward

✓ Publish preclinical MF data



Initiate revumenib proof-of-principle MF trial in 4Q26

Submit IND for SNDX-62122 (next-gen menin inhibitor) in 2027

Initiate Ph 1 of SNDX-62122 in MF in 2027, leveraging learnings with revumenib

Proof-of-principle trial with revumenib expected to generate data that will inform the trial design and dosing of SNDX-62122 in MF

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IND, investigational new drug

Phase 1/2 proof-of-principle trial of menin inhibition in MF expected to initiate in 4Q26 in partnership with the MPN-RC consortium

The Myeloproliferative Neoplasm Research Consortium (MPN-RC) is a group of leading researchers from 15 institutions

Key inclusion criteria:

- Myelofibrosis (MF) diagnosis
- Post-ET MF
- Post-PV MF
- DIPSS Int-1 or higher
- Platelet count ≥ 75 x 10^9/L

(N ≈ 30)

R/R MF following treatment with JAKi

Revumenib monotherapy

Objectives

- **Primary: Safety** (DLT)
- Secondary: ORR, CR, PR, CI after 6 cycles, symptom burden, and spleen size

Newly diagnosed MF treated with JAKi ≥12wks with suboptimal response

Revumenib + JAKi

Objectives

- **Primary: Efficacy** (ORR, CR, PR, CI after 6 cycles)
- Secondary: Safety/DLT, symptom burden, and spleen size

Correlatives to be assessed:

- Platelets, WBC
- MK cells, bone marrow fibrosis
- Cytokines (TNF-α, TGF-β, IL-6)
- VAF

Validation of revumenib clinical activity in MF anticipated in 2H27

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Post-ET MF, post-essential thrombocythemia myelofibrosis; Post-PV MF post-polycythemia vera myelofibrosis; DIPSS: Dynamic International Prognostic Scoring System; ORR, overall response rate; CR, complete remission; PR, partial remission, CI, clinical improvement; WBC, white blood cells; MK, megakaryocyte; VAF, variant allele frequency; JAKi, JAK inhibitor; DLT, dose limiting toxicity

Unlocking the potential of CSF-1R inhibition

Following the science to unlock the full potential of CSF-1R inhibition

R/R cGVHD

Pivotal trial showed robust responses across all organs studied, including in the lung and skin

FDA approved in 2024 for cGVHD patients with ≥2 prior lines of therapy

1L cGVHD

Ongoing trials could advance axa into 1L cGVHD, with the potential for a steroid-sparing approach

Ph 2 axa + rux data expected 4Q26

Ph 3 axa + steroid data expected early 2028

IPF

Topline Ph 2 MAXPIRe data expected 4Q26

Ph 3 trial planned with current formulation

Sub-q formulation in development

BEYOND

Mechanism holds promise across an array of diseases with inflammatory and fibrosing components, e.g., other interstitial lung diseases or scleroderma

A growing body of evidence points to CSF1-dependent monocyte-derived alveolar macrophages as a promising new target in IPF

Key discoveries:

- Monocyte-derived alveolar macrophages drive lung fibrosis
- Colony stimulating factor-1 receptor (CSF1R) signaling is a key regulator of monocytes and macrophages

Multiple studies implicate the CSF1R pathway in IPF:

- Higher CSF1R levels observed in IPF patients vs. healthy controls
- Higher CSF1R levels predict shorter survival in IPF patients
- Higher monocyte levels predict shorter survival in IPF patients

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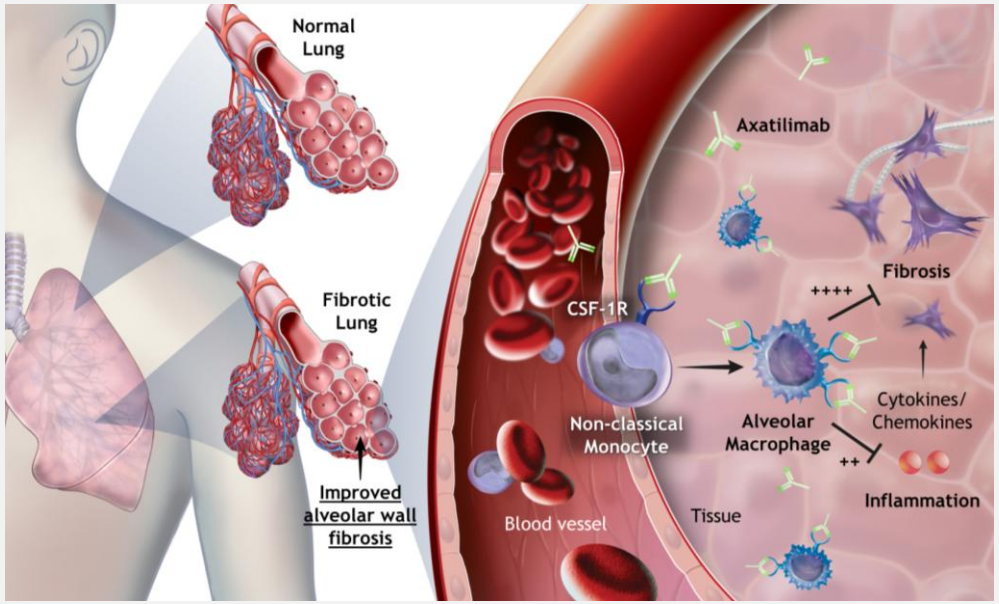
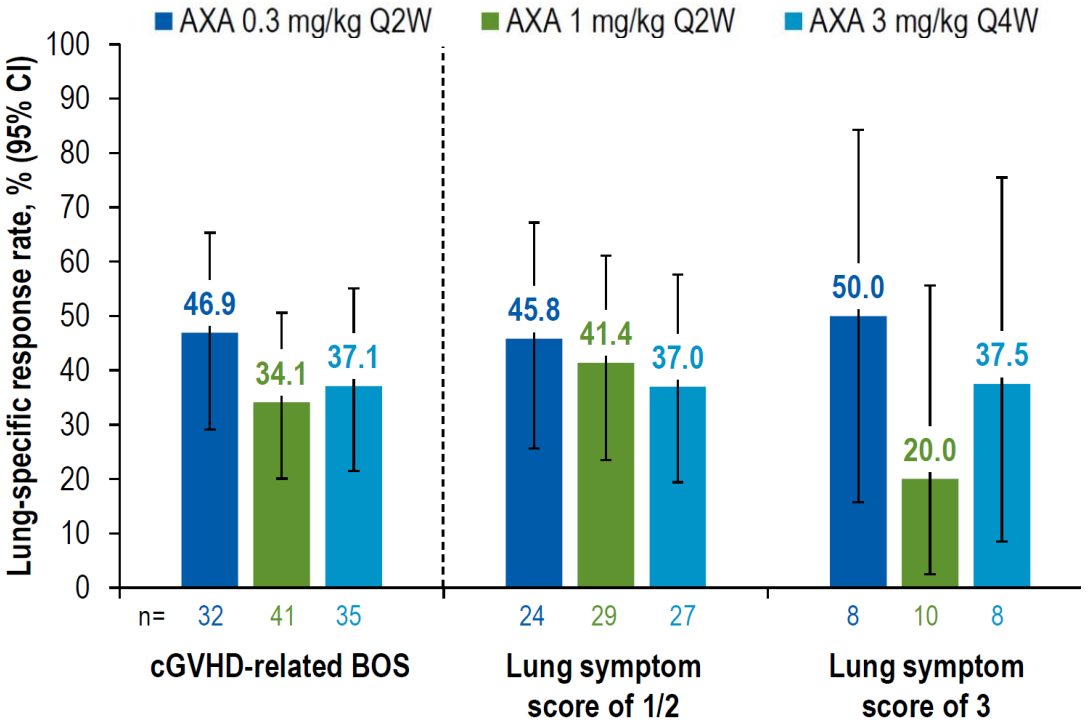
Misharin J Exp Med 2017; Byrne Trends Mol Med 2016; Joshi Eur Respir J 2020; Scott Respir Med 2019; Oldham ERJ Open Res 2023; Michalaki ERS 2024.

Axatilimab is a CSF1R-blocking antibody targeting monocyte-derived alveolar macrophages in IPF



- Blocking CSF-1R with axatilimab:
  - Reduces levels of circulating profibrotic and proinflammatory monocytes and monocyte-derived macrophages
  - Inhibits the activity of pathogenic macrophages in tissues

Development in IPF supported by lung responses observed in cGVHD



- Among cGVHD pts with lung involvement who received axa 0.3 mg/kg Q2W, **nearly 50% achieved a lung response and >90% reported improvements in shortness of breath at rest**
- **Lung responses were observed across all subgroups**, including patients with difficult-to-treat, severe disease

Salhotra et al., oral Presentation at ATS 2025; Salhotra et al., poster presentation at ERS 2024.

Topline data from MAXPIRe Phase 2 trial of axatilimab in IPF anticipated in 4Q26

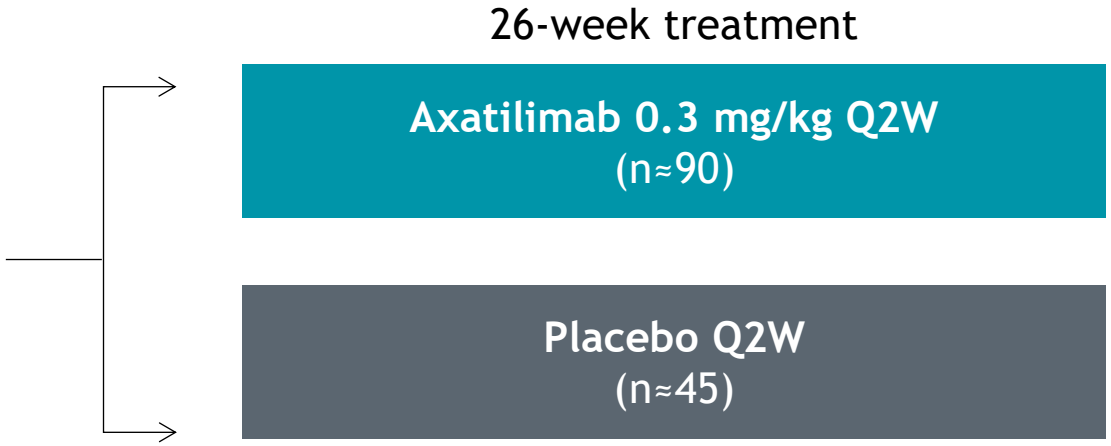
Randomized, double-blind, placebo-controlled, multi-center international trial

MAXPIRe
IPF CLINICAL TRIAL

Key eligibility criteria:

- ≥40 yrs of age
- HRCT confirming IPF diagnosis
- FVC ≥45% of predicted normal (PN)
- FEV_1/FVC ≥0.7
- DL_{CO} ≥30% and ≤90% PN
- Stable background use of pirfenidone or nintedanib allowed

(N≈135)



Randomized 2:1 to axatilimab or placebo; stratified by background antifibrotic therapy (pirfenidone, nintedanib, or none)

PRIMARY ENDPOINT:

- Annualized rate of decline in FVC over 26 weeks (ml)

SECONDARY ENDPOINTS:

- Disease progression, SGRQ (quality of life measures), change in FVC % predicted, DL_{CO}

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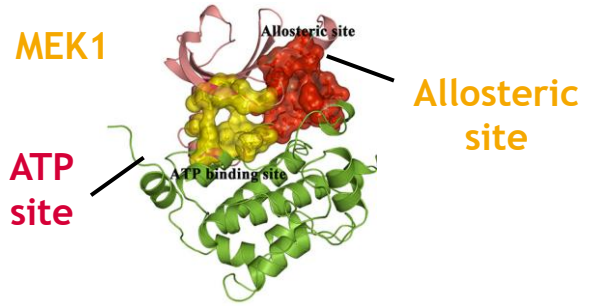
ClinicalTrials.gov ID: NCT06132256; FEV_1, forced expiratory volume in 1 second; FVC, forced vital capacity; SGRQ, St. George's Respiratory Questionnaire; DL_{CO}, diffusion capacity for carbon monoxide; HRCT, high-resolution computed tomography

Expanding our pipeline into EGFRm NSCLC with SNDX-4321

Allosteric inhibitors are increasingly reshaping the standard of care for difficult-to-treat cancers

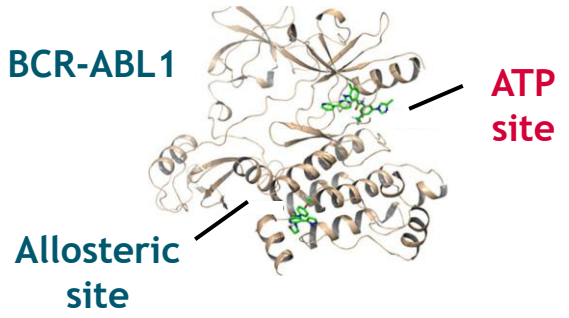
Melanoma

Trametinib (Mekinist)



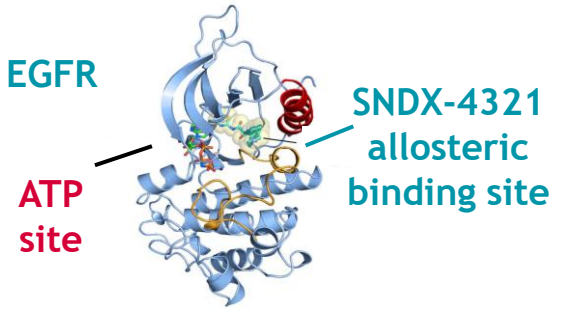
Chronic myeloid leukemia

Asciminib (Scemblix)



EGFRm NSCLC

SNDX-4321



2013 — 2021 — Future

Allosteric inhibitors bind to non-active sites rather than the ATP-binding site on tyrosine kinases; their binding induces a conformational change that 'locks' the kinase in an inactive state

Allosteric approaches can modulate kinase activity with high specificity, optimizing on-target efficacy while reducing off-target toxicity

Syndax

Zhu et al. Int J Mol Sci 2020; Schoepfer et al. J Med Chem 2018.

Current and investigational therapies for EGFRm NSCLC primarily target the ATP-binding site

3rd gen approved EGFRi

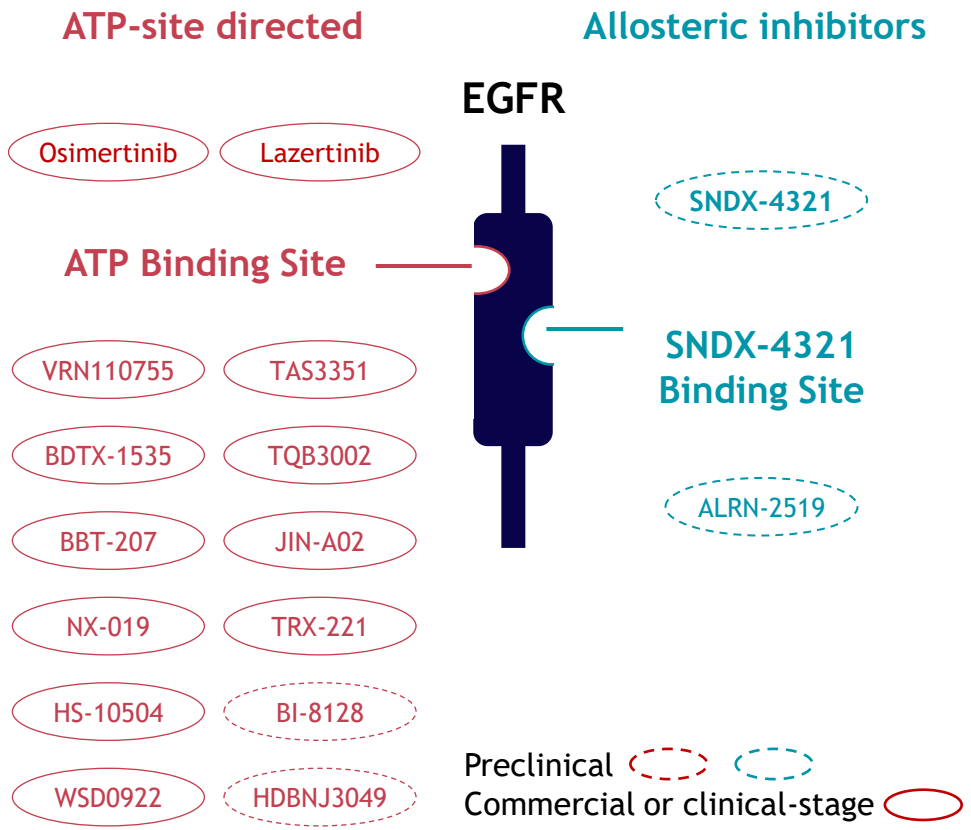
- Reduced benefit for patients with L858R, CNS metastases, or atypical activating mutations

4th gen investigational EGFRi

- Primarily target osimertinib on-target resistance (C797S), limiting benefit to a small patient population

Bispecific antibodies and ADCs

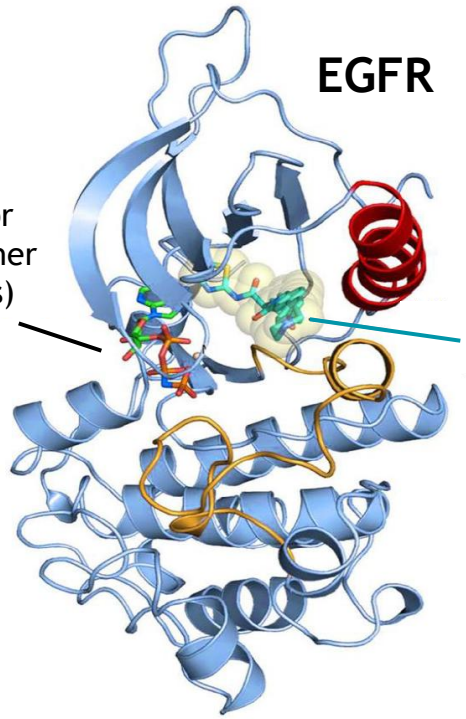
- Limited by significant toxicities and route of administration



Syndax aims to address significant unmet needs in EGFRm NSCLC with a new approach

Note: This is an illustrative figure that does not depict every approved or investigational therapy targeting EGFRm NSCLC.
EGFRi, EGFR inhibitor

SNDX-4321 is a novel, mutant-selective, CNS-penetrant, allosteric EGFR inhibitor for NSCLC



SNDX-4321 binds at a pocket adjacent to the active (ATP) site that is only accessible with L858R and certain other EGFR mutations

- **Novel approach to addressing patient populations with high unmet needs**, such as those with L858R mutations, CNS metastases, atypical activating mutations, or acquired resistance to current drugs
- **Allosteric approach allows for:**
  - ✓ SNDX-4321 and ATP-site directed drugs (e.g., Tagrisso) to bind EGFR at the same time **('double drugging' may enhance efficacy and delay resistance)**
  - ✓ High selectivity **(supports tolerability and combination potential)**
- **IND submission expected by YE26**; demonstration of monotherapy activity anticipated early 2028

Corporate highlights and upcoming milestones

Strong financial position with growing revenue and a robust balance sheet

Financial Summary *($ in millions)*	Three Months Ended June 30	
	2026	2025
Product revenue, net (Revuforj)	54.7	28.6
Collaboration revenue, net (Niktimvo)	18.1	9.4
Total revenues	**72.8**	**38.0**
Cost of product sales	(3.2)	(1.3)
Research & development (R&D)	(68.0)	(62.2)
Selling, general and administrative (SG&A)	(41.5)	(43.8)
Total operating expenses	**(112.8)**	**(107.3)**
Other (expense) income, net	(9.4)	(2.5)
Net loss	**(49.4)**	**(71.8)**

On the road to profitability

AS OF 30 JUN 2026:

$575.1M
in cash and equivalents[1]

89.4M
shares outstanding[2]

2026 R&D + SG&A EXPENSE GUIDANCE:

$400M, excluding $50M in expected stock option expense

Totals may not sum due to rounding; 1. Includes short- and long-term investments; 2. Includes pre-funded warrants to purchase 285,714 common shares (rounded).

WELL POSITIONED FOR LONG-TERM GROWTH WITH MULTIPLE BLOCKBUSTER OPPORTUNITIES AND UPCOMING MILESTONES

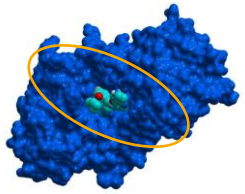
Revuforj® (revumenib) tablets
25 mg • 110 mg • 160 mg

Positioned to be 1st menin approved in 1L AML; peak annual net revenue in excess of $2B expected in the U.S. alone

Niktimvo™ (axatilimab-csfr)

Phase 2 readouts in IPF and 1L cGVHD in 4Q26 target new multi-billion-dollar opportunities

Mutant-selective, allosteric EGFR inhibitor



Next-generation menin inhibitor

Two pipeline assets with best-in-class and blockbuster potential in EGFRm NSCLC and myelofibrosis

$575M
in cash and equivalents

Funded through profitability with capital to drive innovation and long-term value creation

Multiple near-term catalysts and blockbuster opportunities

Anticipated milestones

Revuforj (revumenib) & SNDX-62122	**Acute Leukemia** • Advance global enrollment in pivotal 1L trials of revumenib • New 1L, maintenance, real-world, and R/R revumenib data in 2H26 + beyond • Publish R/R NUP98r data in 4Q26 **Myelofibrosis** • Initiate Ph 1/2 proof-of-principle trial with revumenib in 4Q26; initial data 2H27 • Submit IND and initiate Ph 1 SNDX-62122 trial in 2027
Niktimvo (axatilimab-csfr)	**Chronic GVHD** • Ph 2 axatilimab + ruxolitinib data in 4Q26 • Ph 3 axatilimab + corticosteroid data early 2028 **Idiopathic pulmonary fibrosis** • Ph 2 MAXPIRe data in 4Q26
SNDX-4321	**EGFRm NSCLC** • Submit IND by YE 2026 • Initiate Ph 1 trial in 2027; initial data early 2028

FUELED BY A PASSION FOR PATIENTS