Syndax

Reimagining Cancer Treatment

Second Quarter Financial Results Presentation / August 1, 2024

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Syndax is on track for a historic year, with multiple transformative, near-term milestones

2Q CLINICAL MILESTONES

- Presented updated positive revumenib combination data in acute leukemias and axatilimab data in chronic graft-versus-host disease at EHA 2024
- Advanced into Phase 1b portion of proof-of-concept trial of revumenib in colorectal cancer

UPCOMING ANTICIPATED MILESTONES

- ☐ PDUFA action date of August 28, 2024, for axatilimab
- ☐ PDUFA action date of December 26, 2024, for revumenib
- ☐ Pivotal topline revumenib R/R mNPM1 AML data in 4Q24
- ☐ Present additional revumenib data in acute leukemias in 2H24
- ☐ Ph 3 frontline trial initiations for revumenib and axatilimab by YE24

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

KMT2Ar & mNPM1 acute leukemia treatment paradigm

Frontline → Maintenance → Relapsed / Refractory

Revumenib clinical development program (KMT2Ar and mNPM1 acute leukemia) - ongoing trials

Pivotal

- **AUGMENT-101** — Rev Monotherapy (Relapsed / Refractory)

Phase 1/2

- **BEAT AML** — Rev + Ven/Aza (Frontline)
- **INTERCEPT** — Rev Monotherapy Tx (Maintenance)
- **AUGMENT-102** — Rev + Chemo (Relapsed / Refractory)
- **Rev + Intensive Chemo "7+3"** (Frontline) → **Rev Maintenance** (Maintenance)
- **SAVE** — Rev + Ven + INQOVI® (Relapsed / Refractory)

Updated BEAT AML data show revumenib's potential to enhance ven/aza combo in frontline mNPM1 or KMT2Ar AML

Summary of Enrolled Patients (n=26)	
Genetics, n	KMT2Ar: 9 mNPM1: 17
Summary of Outcomes in Efficacy Evaluable Population (n=24)	
CRc, n (%)	**23 (96%)**
CR/CRh	20 (83%)
CRi	3 (13%)
Transplant, n (%)	3 (13%)
Relapse, n (%)	3 (13%)
MRD^{neg}, n (%)	22 (92%)

Safety Highlights

- Overall, no new or increased safety signals observed outside of known reported ven/aza toxicities
- Only 1 DLT (113 mg q12 h) observed
- No increase in cytopenias beyond ven/aza doublet

Expansion cohort is ongoing to establish RP2D

Syndax plans to initiate pivotal trial with this frontline combo by YE24

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Data cutoff May 1, 2024; Revumenib and venetoclax are given on days 1-28 and azacitidine 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; Ven, Venetoclax; Aza, Azacitidine; RP2D, Recommended Phase 2 dose. Zeidner, J., et al. (2024, June). "Phase 1b Study of Azacitidine, Venetoclax and Revumenib in Newly Diagnosed Older Adults with NPM1 Mutated or KMT2A Rearranged AML: Interim Results of Dose Escalation from the Beat AML Consortium." Slides presented at the 2024 European Hematology Association Annual Meeting.

Updated AUGMENT-102 revumenib data show benefit in chemo combo (FLA) in late line R/R KMT2Ar, mNPM1 or NUP98r AML without added AEs

Summary of Enrolled Patients in Total Population (N=27)	
Median years of age (range)	6.0 (0.8–78.0)
Median prior therapies (range)	3 (1–18)
Prior FLA-containing therapies, n (%)	18 (67%)
KMT2Ar/mNPM1/NUP98r	23/2/1
Summary of Efficacy Results in Total Population (N=27)	
CRc, n (%)	**14 (52%)**
CR	6 (22%)
CRi	5 (19%)
CRp	3 (11%)
CRc MRD^{neg} , n (%)	**10 (71%)**

Safety Highlights

- AE profile consistent with intensive chemo in R/R AML
- Lower rates of cytopenias were reported with DL2 than DL1, consistent with faster remission at DL2
- Lower rates of nonhematologic AEs in DL2 than DL1 suggest that AE profile was not driven by revumenib

Encouraging efficacy in late line, predominantly pediatric population

- **7 patients underwent transplant while in remission following treatment**

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Data cutoff January 15, 2024. Revumenib doses tested were 113 mg (DL1) and 163 mg (DL2) q12h, all patients received concomitant strong CYP3A4 inhibitor; a) 1 missing alternation in a KMT2Ar patient. FLA, fludarabine/cytarabine; DL, Dose level. Shukla, N., et al. (2024, June). "Safety and activity of revumenib in combination with fludarabine/cytarabine (FLA) in patients with relapsed/refractory acute leukemias." Poster presented at the 2024 European Hematology Association Annual Meeting.

Upcoming pivotal mNPM1 AML data expected to build on positive Phase 1 results suggesting 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

AUGMENT-101

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 R/R mNPM1 AML expected in 4Q24; potential sNDA filing in 1H25

* 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

Syndax is ready to launch revumenib in the U.S. upon anticipated FDA approval

Medical

- Executing publication plan
- Ongoing scientific exchange with thought leaders
- Preparing for NCCN guideline submissions
- Engaging with key patient advocacy organizations
- Ready to launch medical information line

Commercial

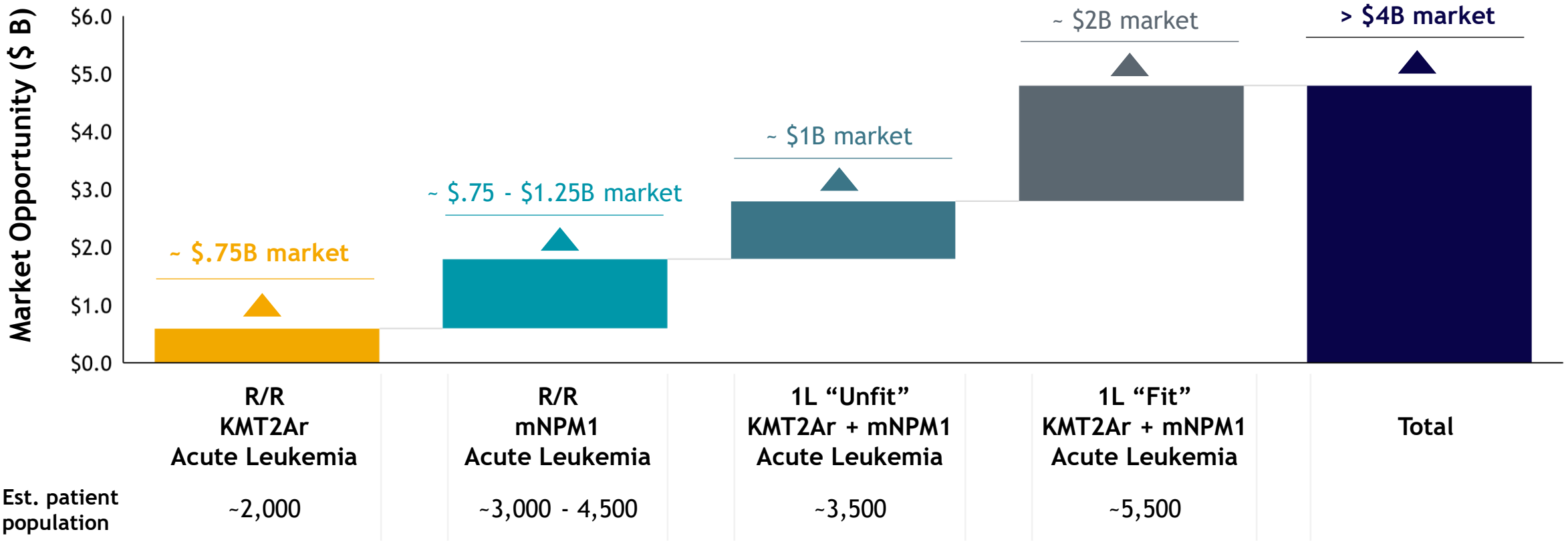
- Mapped patient journey and key stakeholders
- Identified target accounts, with account engagement underway
- Established advanced data collection & analytics
- Developed promotional materials & multichannel strategy

Market Access

- Ongoing pre-approval information exchange with payers
- Conducted payer research
- Established limited distribution network, including leading specialty pharmacies
- Prepared to launch dedicated patient support program

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

Significant growth potential with indications in earlier lines of treatment



Source: Data on file; Redbook 2023

Syndax and Incyte are preparing for anticipated U.S. approval and launch of axatilimab for chronic GVHD

Targeted launch strategy will be led by highly experienced Incyte and Syndax teams

- Incyte to lead commercialization and contribute 70% of sales effort, leveraging their leadership in GVHD and extensive pre-existing relationships
- Syndax to contribute 30% of sales effort, deploying its own highly experienced field force
    - Overlapping call point with revumenib targets allows for commercial synergies

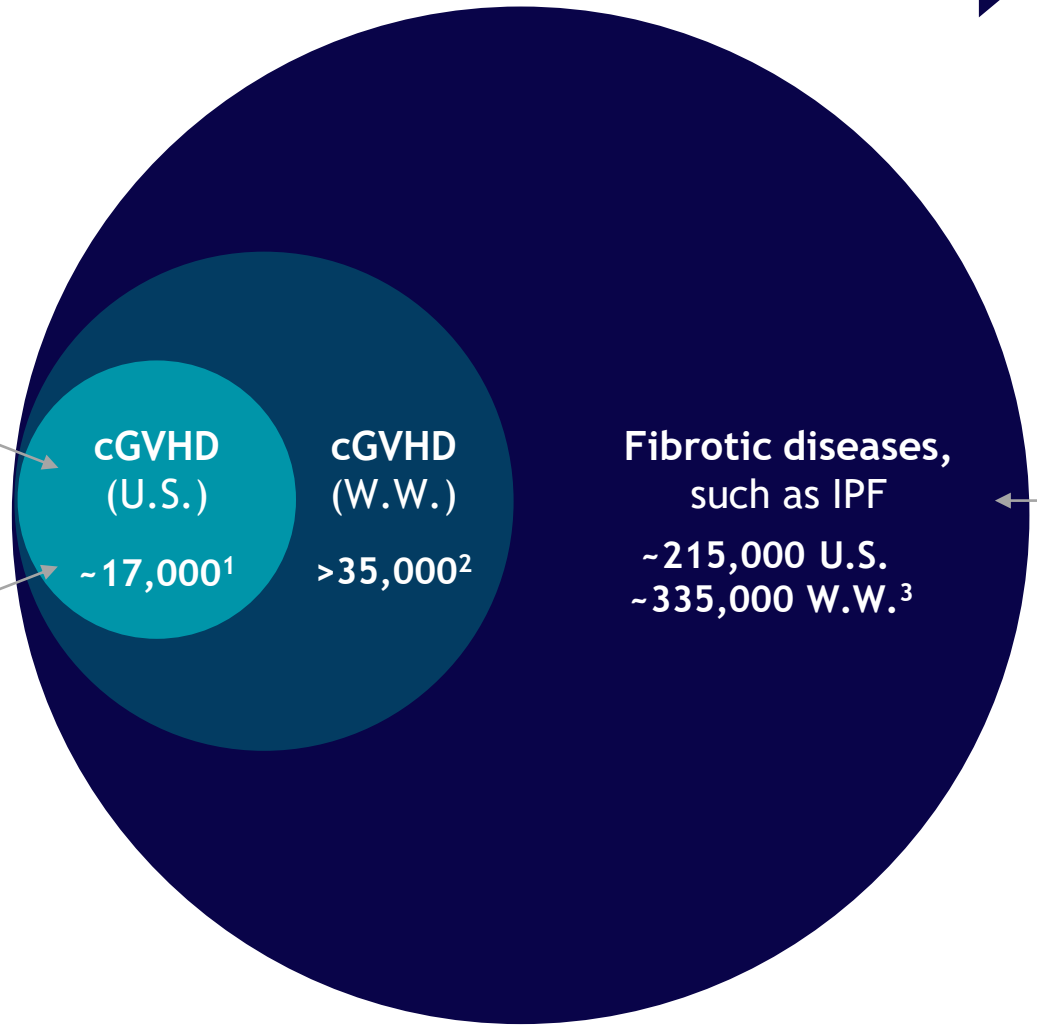
Robust stakeholder engagement and education is underway to support successful U.S. launch anticipated in 4Q24

Axatilimab has a significant opportunity in 3L chronic GVHD in the U.S., with opportunities for geographical and label expansion

2024 → Beyond

Of the 17,000 U.S. chronic GVHD patients on treatment at any one time, we plan to target the ~6,500 progressing to later lines of treatment after two previous lines of treatment

1L chronic GVHD combination trials planned to initiate in 2H24 could support future potential label expansion



Phase 2 IPF trial underway

Evaluating other potential disease areas

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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

Financial highlights and financial guidance

Ticker	SNDX (NASDAQ)
Cash and equivalents✦ (30 June 2024)	$455 M
Shares outstanding* (30 June 2024)	85.3 M

2024 Operating Expense Guidance		
	3Q24	FY24
Research and development	$70 – $75 M	$240 – $260 M
Total operating expenses^	$105 – $110 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 milestones

REVUMENIB

Menin-KMT2A disruption

- PDUFA action date of December 26, 2024, in R/R KMT2Ar acute leukemia; immediate launch
- Pivotal data from AUGMENT-101 R/R mNPM1 cohort in 4Q24; potential sNDA filing in 1H25
- Present additional revumenib data in acute leukemias in 2H24
- Initiation of pivotal combination trial with ven/aza in frontline mNPM1 or KMT2Ar acute leukemias by YE24

AXATILIMAB

Anti-CSF-1R

- PDUFA action date of August 28, 2024, in chronic GVHD; 4Q24 launch
- Initiation of chronic GVHD frontline combination trial with Jakafi® in 2H24
- Initiation of chronic GVHD frontline combination trial with steroids in 2H24