Syndax

Reimagining Cancer Treatment

Syndax Corporate Presentation
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January 14, 2025

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Syndax is a commercial-stage oncology company with two first-in-class medicines with practice-changing and billion-dollar potential

Syndax delivered on multiple major milestones in 2024, including two FDA approvals within ~90 days of each other

Launched first and only menin inhibitor for R/R acute leukemia with a KMT2A translocation in the U.S.

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

Received FDA approval for first and only anti-CSF-1R antibody in chronic GVHD

Niktimvo™ (axatilimab-csfr)

Delivered first positive pivotal dataset in R/R mNPM1 AML with a menin inhibitor

Advanced clinical development programs designed to fuel pipeline expansion

Proforma cash of $750M* expected to fund the company to profitability

*Represents cash, cash equivalents and short- and long-term investments as of September 30, 2024 pro forma, accounting for $350 million in gross proceeds received as a result of the royalty funding agreement with Royalty Pharma announced on November 4, 2024; actual cash, cash equivalents and short- and long-term investments on hand at September 30, 2024 was $399.6 million.

MENIN INHIBITION

A PROMISING NEW MODALITY FOR CERTAIN GENETICALLY-DEFINED ACUTE LEUKEMIAS

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Syndax is positioned to lead in menin inhibition, an exciting new class with multi-billion-dollar opportunity

OPPORTUNITY

Up to 50% of AML patients[1-2]
have genetic alterations which may be susceptible to menin inhibition (e.g., KMT2Ar, mNPM1, NUP98r)

>15,000 U.S. patients
could potentially be addressed

$4B+ U.S. market opportunity
across R/R and frontline

UNIQUE POSITIONING

First and only approved menin inhibitor

Differentiated product profile supported by positive pivotal data across the broadest population to date

Near-term opportunity for FDA approval and launch in R/R mNPM1 AML

Poised to be the first to deliver pivotal frontline combo data

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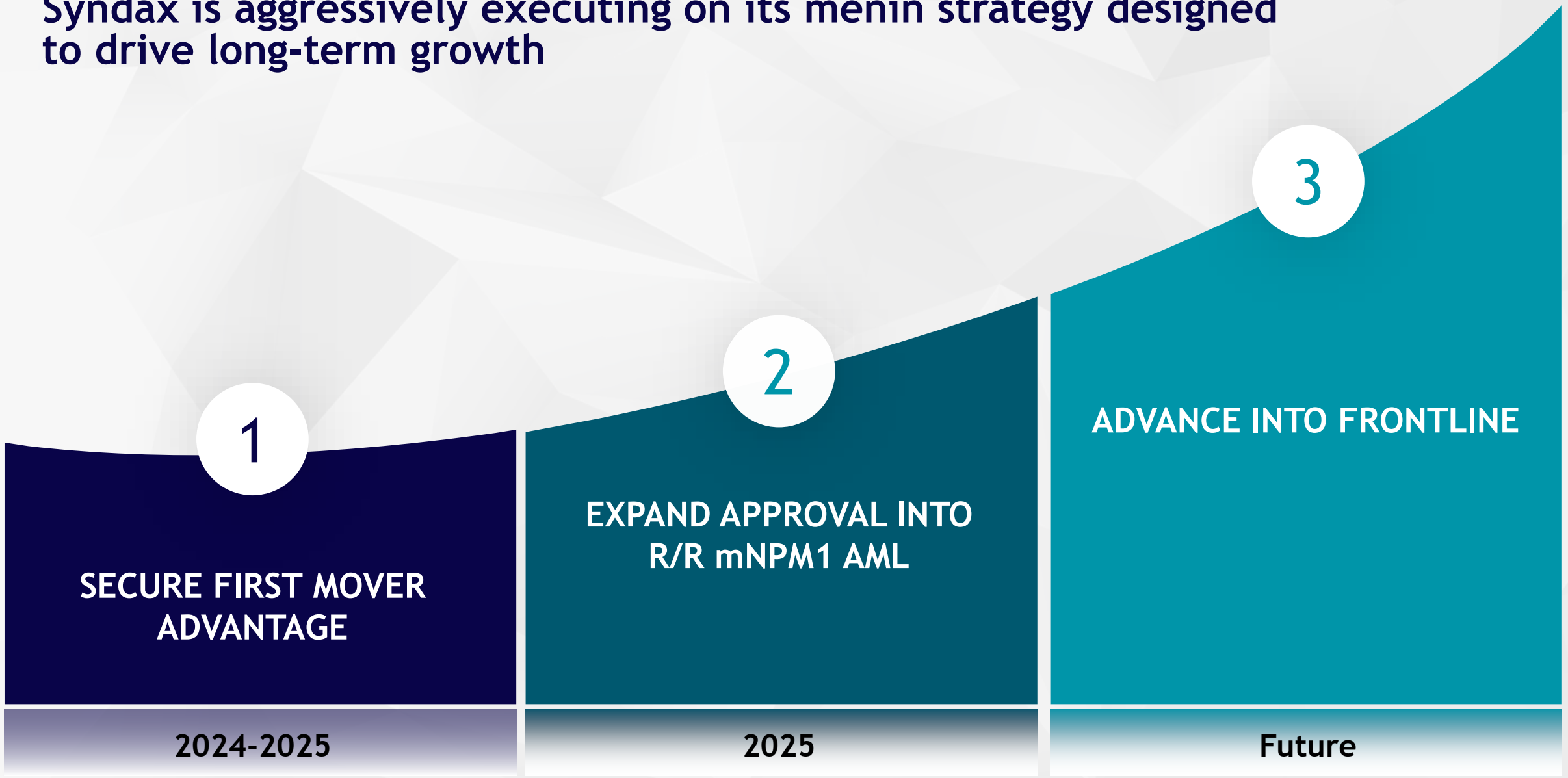
KTM2Ar, KMT2A rearrangement; mNPM1, mutant NPM1; R/R, relapsed or refractory; 1L, frontline; AML, acute myeloid leukemia

1. Issa, GC, et al. Therapeutic implications of menin inhibition in acute leukemias. Leukemia 35, 2482 –2495 (2021); 2. Issa G., et al. Clinical outcomes associated with NPM1 mutations in patients with relapsed or refractory AML. Blood Adv. 2023; 7(6):933-942

Syndax is aggressively executing on its menin strategy designed to drive long-term growth



Revuforj® (revumenib) is the first and only FDA-approved menin inhibitor

Revuforj is indicated for the treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation in adult and pediatric patients one year and older

Approved for an aggressive form of R/R acute leukemia with an urgent unmet need

Broad indication, including adults and peds

First mover advantage positions Syndax for long-term growth and success

Please see full Prescribing Information, including **BOXED WARNING**, for complete details.

Key pre-launch activities have set the foundation for a successful U.S. Revuforj launch

Hired highly-experienced commercial team
with average of 22 yrs of experience, primarily in hem/onc

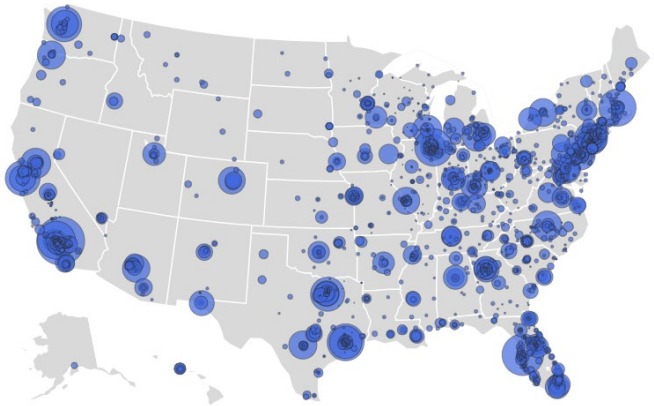
Profiled accounts
to understand patient journey, treatment workflows and key stakeholders

Educated payers representing >90% of covered lives
on urgent need in R/R KTM2Ar acute leukemia

Built dedicated patient support program and distribution network,
including leading specialty pharmacies

Established advanced data analytics
to enable identification of high-risk patients and targeted HCP engagement

Prior to launch, Syndax reached ~2,000 accounts where >98% of KMT2Ar patients receive treatment



Pre-launch activities focused on ~200 accounts estimated to represent 2/3 of the opportunity

Note: Bubble size corresponds to prevalent AML+ALL patients

U.S. launch of Revuforj is underway with encouraging early progress

Drug in channel 5 days after approval with immediate ordering

Scripts received from institutions across the U.S. (major academic centers & community practices)

Early Milestones

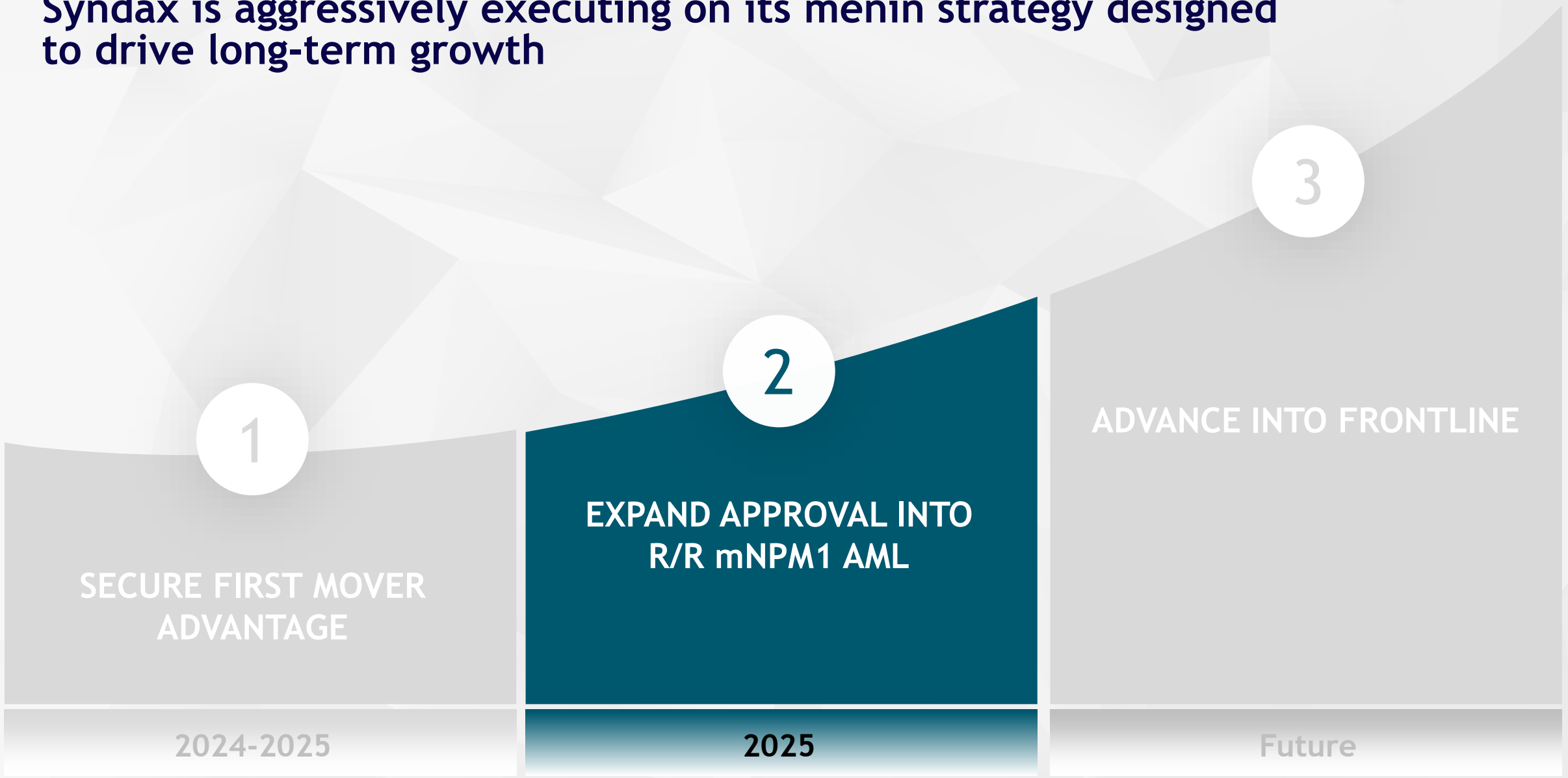
Reimbursement seen from **all payer types**

Added to NCCN Guidelines® for AML and ALL

Launch boosted by **strong presence/engagement at ASH**

Highly-experienced customer facing teams are laser-focused on driving **best-in-class patient and customer experience**

Syndax is aggressively executing on its menin strategy designed to drive long-term growth



Syndax is well positioned to receive an indication in R/R mNPM1 AML, further securing our competitive advantage

Completed milestones

Anticipated milestones

Nov 2024

Reported first positive pivotal data in R/R mNPM1 AML (N=64)

ORR = 47% and CR/CRh = 23% in heavily pre-treated population (75% with prior ven)

MRD negative CR/CRh = 64%

17% of responders proceeded to HSCT

Dec 2024

Reported consistent results in a larger population (N=77)

ORR = 48%; CR/CRh = 26%

1H 2025

Publish pivotal data and submit publication to NCCN Guidelines

1H 2025

Submit sNDA to FDA

~YE 2025

Potential FDA approval in 2nd indication, further expanding indicated populations for revumenib

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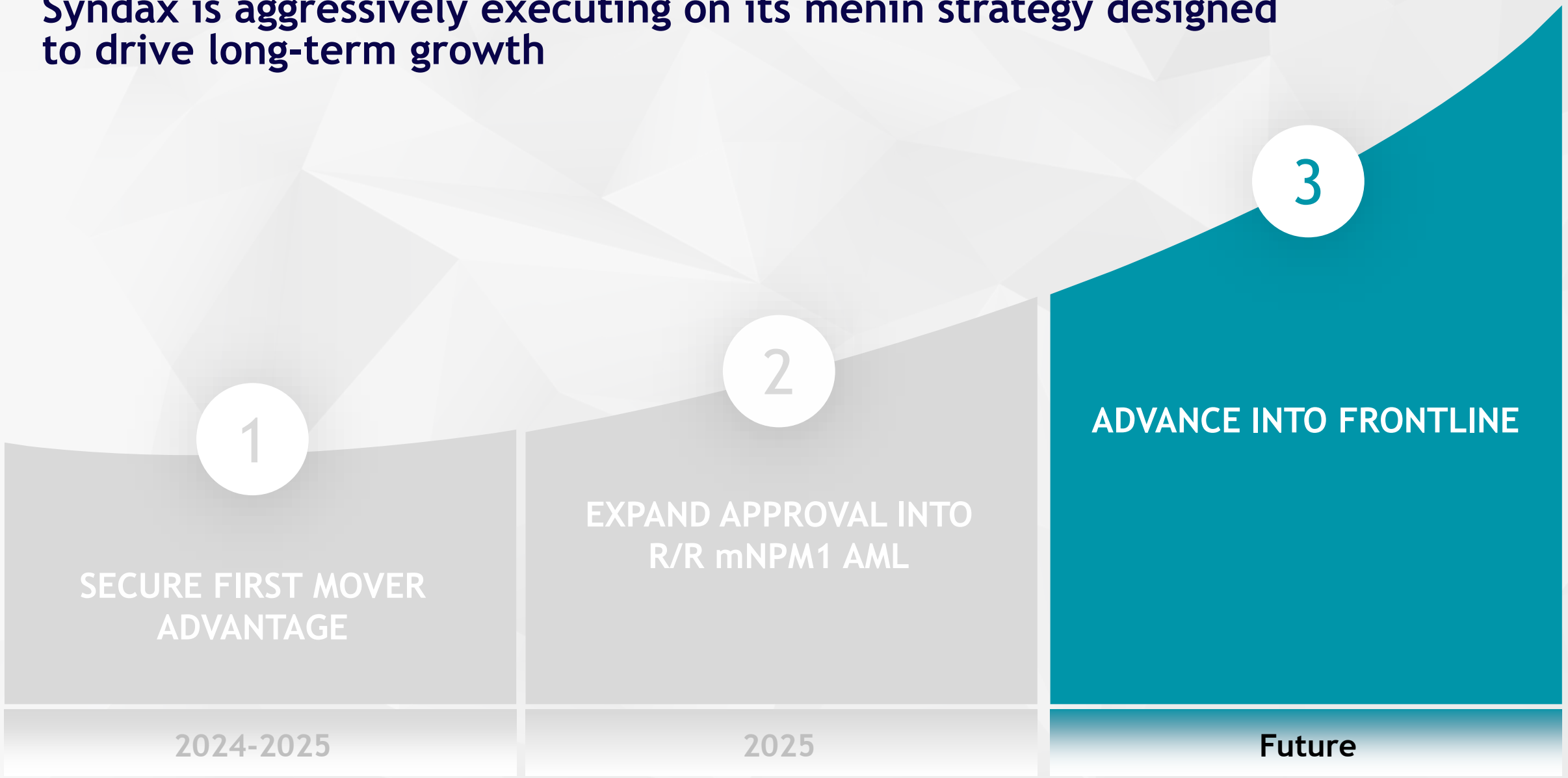
ORR, overall response rate; CR, complete remission; CRh, complete remission with partial hematological recovery; HSCT, hematopoietic stem cell transplantation

Syndax is aggressively executing on its menin strategy designed to drive long-term growth



Rapidly advancing our frontline strategy in KMT2Ar acute leukemia and mNPM1 AML

Revumenib clinical development programs (KMT2Ar or mNPM1 acute leukemias) across the treatment paradigm

	FRONTLINE		MAINTENANCE	RELAPSED / REFRACTORY
	"UNFIT"	"FIT"		
Ph 2/3	**HOVON Trial** Rev + ven/aza	**Rev + I.C.**	**Rev maintenance**	**AUGMENT-101** Rev monotherapy
	✓ *Pivotal trial expected to initiate in 1Q25*	✓ *Trials expected to initiate in 2025*		
Ph 1/2	**BEAT AML** Rev + ven/aza	**Rev + "7+3"**	**Rev maintenance**	**SAVE** Rev + ven/HMA
	✓ *Reported positive data*	✓ *Data expected in 2H25*		
			INTERCEPT Rev monotherapy	**AUGMENT-102** Rev + chemo

Strategic priorities:

- Addressing populations with greatest unmet needs
- Speed (time to endpoints)
- Regular cadence of potentially practice-changing evidence

Robust pipeline of frontline combo trials to support NCCN Guideline inclusion and/or label expansion

IC, intensive chemo

SAVE and BEAT AML data highlight revumenib's promising combination potential

	SAVE (MD Anderson Cancer Center)	BEAT AML (LLS' Beat AML® Master Clinical Trial)
Population	**Relapsed or refractory** pediatric and adult AML or MPAL patients with mNPM1, KMT2Ar, or NUP98r	**Newly diagnosed** patients ≥60 years of age with mNPM1 or KMT2Ar AML
Combo	Revumenib, venetoclax and decitabine/cedazuridine	Revumenib, venetoclax and azacitidine
Efficacy	**ORR = 82% (27/33); CR/CRh = 48% (16/33)** **MRD negative rate = 65% (17/26*) among responders** **39% (13/33) of patients proceeded to HSCT**	**ORR = 100% (37/37); CRc = 95% (35/37)** **MRD negative rate = 95% (35/37)** **27% (10/37) of patients proceeded to HSCT**
Safety	Combination was generally well tolerated	Revumenib was generally well tolerated at the 113 mg and 163 mg q12h dose in combination with ven/aza
Next steps	Now enrolling a cohort of newly diagnosed patients	Enrollment in the expansion cohort is ongoing at both dose levels

Results from pivotal ven/aza trial in 1L unfit AML[1]:

CRc = 66%

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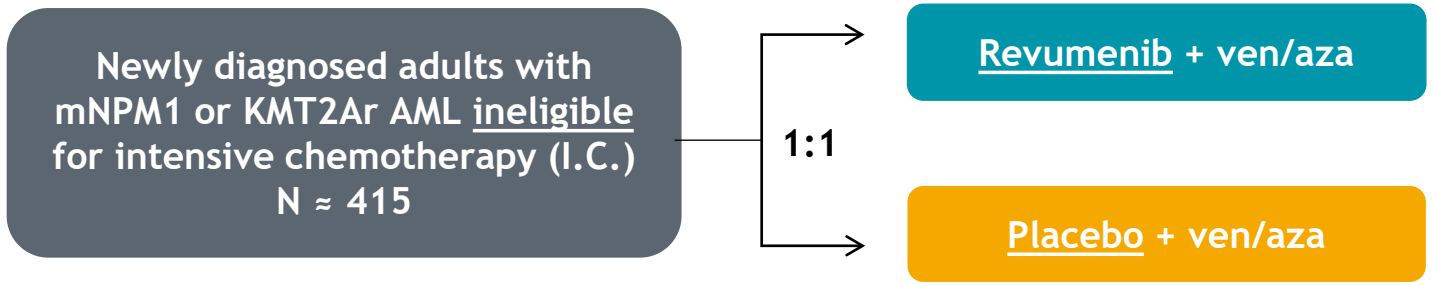
1. DiNardo CD, et al. Azacitidine and Venetoclax in Previously Untreated Acute Myeloid Leukemia. N Engl J Med. 2020. HSCT, hematopoietic stem cell transplant; CRc, composite complete remission, ORR, overall response rate
*One responding pt had inadequate MRD by MFC.

In the frontline unfit population, Syndax will initiate a pivotal trial of revumenib + ven/aza

A randomized, double-blind, placebo-controlled, clinical trial in collaboration with the HOVON network



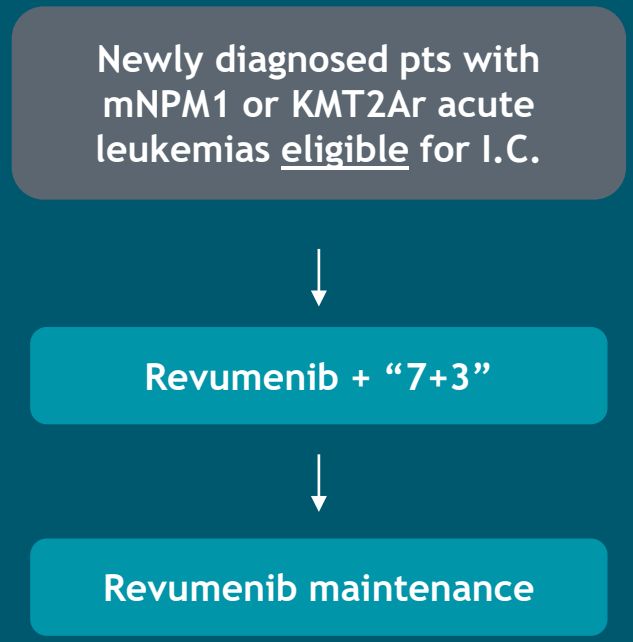
Primary Endpoint:	Overall survival in mNPM1 patients
Secondary endpoints, including:	Event-free survival, CR/CRh rate, rates of response without MRD, time to response, duration of response

Historical vena/aza 1L results in unfit AML patients:

- Long-term outcomes are poor (mOS = 14.7 months) and majority of patients will relapse[1]

Trial targets a significant unmet need and is anticipated to readout ahead of I.C. combo trials

In the frontline fit population, an ongoing Ph 1 trial with I.C. is designed to identify the RP2D and support further development



Data expected in 2H25

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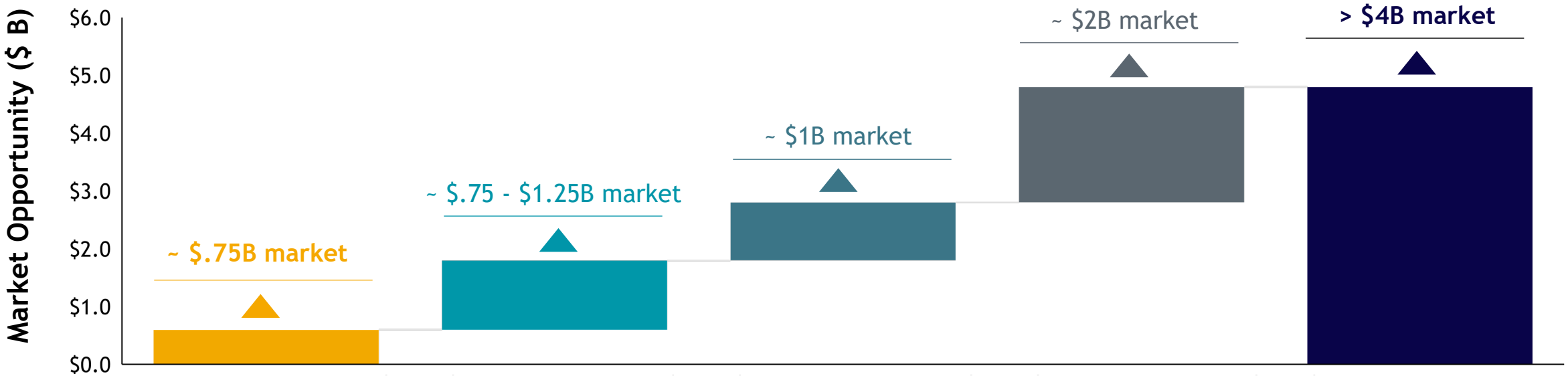
1. Pratz KW, et al. Long-term follow-up of VIALE-A: Venetoclax and azacitidine in chemotherapy-ineligible untreated acute myeloid leukemia. Am J Hematol. 2024;99(4):615-624. RP2D, recommended Phase 2 dose

Syndax is well-positioned to lead in menin inhibition, a commercial opportunity estimated to exceed $4B in the U.S. alone



	R/R Acute Leukemia with a KMT2A translocation	R/R Acute Myeloid Leukemia with mNPM1	1L "Unfit" Acute Leukemia with KMT2Ar or mNPM1	1L "Fit" Acute Leukemia with KMT2Ar or mNPM1	Total
Est. patient population	~2,000	~3,000 - 4,500	~3,500	~5,500	

Source: Data on file; Redbook 2023

CSF-1R INHIBITION

A NOVEL MECHANISM FOR TARGETING INFLAMMATION AND FIBROSIS IN cGVHD WITH POTENTIAL FOR EXPANSION

Syndax is aggressively executing on its strategy designed to drive long-term growth with Niktimvo

- ✓ **FDA approved** for treatment of chronic GVHD after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg
- ✓ Included **in NCCN Guidelines®**
- ✓ Preparing for **U.S. launch** in early 1Q25, in partnership with Incyte

1

ESTABLISH NIKTIMVO IN 3L cGVHD

2

ADVANCE INTO EARLIER LINES OF cGVHD TREATMENT

Incyte-driven trials underway:

- Ph 2 frontline combo trial with Jakafi®
- Ph 3 frontline combo trial with steroids

3

EXPAND INTO ADDITIONAL INDICATIONS, STARTING WITH IPF

Syndax-driven trial underway:

- Ph 2 MAXPIRe trial in idiopathic pulmonary fibrosis (IPF) → topline data anticipated in 2026

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hematopoietic Cell Transplantation (HCT). Version 2.2024 – August 30, 2024.

$350M Royalty Pharma deal highlights Niktimvo's multi-billion-dollar potential

Upfront $350M payment in exchange for a 13.8% capped royalty on U.S. net sales allows Syndax to maintain revenue and retain upside

VALUATION REFLECTS MULTIPLE FACTORS

Significant cGVHD Population

- ~17,000 cGVHD patients in U.S.[1]
- Nearly 50% require at least 3 lines of treatment[2]
- Clinical trials underway could support advancement into earlier lines of treatment

Differentiated Product Profile

- Novel MoA in cGVHD to address inflammation and fibrosis
- High response rates (ORR= 75%) in heavily pretreated pts.
- Responses were rapid, durable & observed across all organs studied

High Unmet Need & Chronic Nature

- cGVHD is a debilitating, difficult-to-treat disease
- Complete responses are rare; many patients cycle through therapies

Strong Commercial Partner & Synergies

- Advantages to partnership with Incyte, the leader in GVHD
- Overlapping call points with Revuforj targets

Large, Growing Market

- 3L cGVHD drug is annualizing at >$500M in U.S. sales within 3 years of launch[3]

Opportunities Beyond cGVHD

- Preclinical and clinical data provide rationale for CSF-1R inhibition in IPF and potentially other diseases

1. Internal data on file; 2. Bachier CR, et al. Epidemiology and Treatment of Chronic Graft-versus-Host Disease Post-Allogeneic Hematopoietic Cell Transplantation: A US Claims Analysis. Transplant Cell Ther. 2021; 3. Sanofi Third Quarter 2024 Results

LOOKING AHEAD

Expected upcoming milestones

Revuforj (revumenib)

Menin-KMT2A inhibition

- Maximize U.S. adoption of Revuforj as the preferred menin inhibitor
- Submit sNDA in R/R mNPM1 AML in 1H25, with potential approval around YE 2025
- Publish pivotal R/R mNPM1 AML data in 1H25
- Initiate a pivotal frontline trial of revumenib with ven/aza in unfit mNPM1 or KMT2Ar acute leukemia patients in 1Q25
- Report Ph 1 data from a frontline trial evaluating revumenib with I.C. (7+3) in 2H25
- Initiate multiple frontline trials evaluating revumenib in combination with I.C., starting in 2025
- Present additional data at medical congresses from ongoing trials of revumenib in combination with SOC agents

Niktimvo (axatilimab-csfr)

CSF-1R inhibition

- Launch Niktimvo in the U.S. in cGVHD in early 1Q25
- Complete enrollment in MAXPIRe Phase 2 IPF trial in 2025 with topline data expected in 2026

Syndax is positioned for long-term growth with two first-in-class therapies with multi-billion-dollar potential

Significant lead in menin, an exciting new class supported by a growing mountain of clinical evidence

Revuforj positioned for a unique launch trajectory with near-term potential for a second indication

Poised for success in cGVHD, with a differentiated product and commercial partnership with the leader in GVHD

Clear path to expanding Revuforj and Niktimvo into additional indications with large unmet needs

Well-capitalized with proforma cash of $750M* expected to fund the company to profitability

Strong leadership team with a successful track record of execution through development, approval and commercialization

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*Represents cash, cash equivalents and short- and long-term investments as of September 30, 2024 pro forma, accounting for $350 million in gross proceeds received as a result of the royalty funding agreement with Royalty Pharma announced on November 4, 2024; actual cash, cash equivalents and short- and long-term investments on hand at September 30, 2024 was $399.6 million.


Determined to realize a future in which people with cancer live longer and better than ever before.