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Reimagining Cancer Treatment

Third Quarter Financial Results Presentation / November 3, 2025

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Strong 3Q25 commercial and portfolio execution position Syndax to reach profitability and be first to the frontline setting with a menin inhibitor

Commercial Execution

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

$32.0M net revenue

+25% TRx growth q/q

Niktimvo™ (axatilimab-csfr)

$45.8M net revenue to INCY

$13.9M collaboration revenue to SNDX

Portfolio Advancements

Revuforj added to NCCN Guidelines® for R/R NPM1m AML on Sept 18, 2025

Revuforj FDA-approved for second indication on Oct 24, 2025

23 Revuforj & Niktimvo abstracts accepted for presentation at ASH 2025

On the road to profitability, with growing product contributions, a robust balance sheet, and stable expense outlook

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TRx, total prescriptions; q/q, quarter-over-quarter; R/R, relapsed/refractory

Strong 3Q25 Revuforj growth, even with a third of patients pausing Tx to proceed to stem cell transplant

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

	3Q25	Cumulative since launch
Net revenue	$32M +12% q/q growth	$88M
TRx	~850 +25% q/q growth	~2,200
New patient starts	~250 +25% q/q growth	~750

Revuforj is positioned for long-term growth with building usage observed post-HSCT and expansion into R/R NPM1m AML

3Q25 patient insights

- ~90% of use in KMT2A
- ~70% of KMT2A use in 2L/3L setting
- ~33% of KMT2A pts. proceed to HSCT
- ~35-40% of KMT2A pts. resume Revuforj post-HSCT

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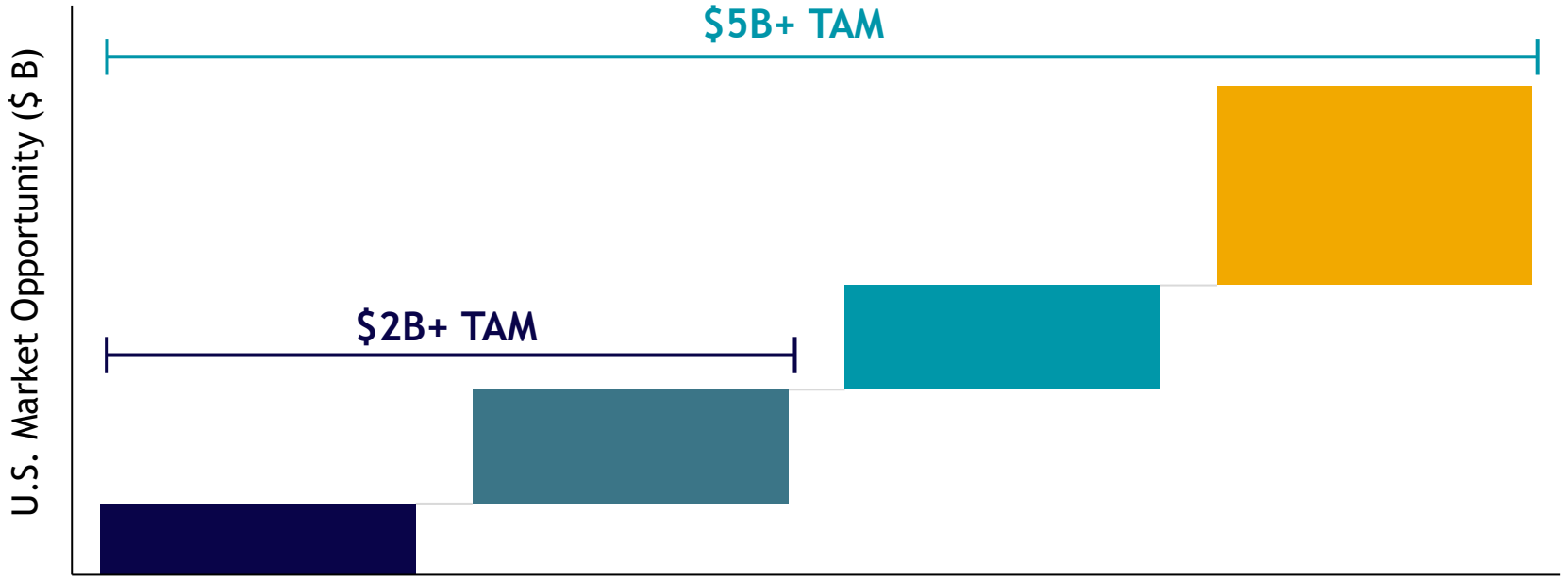
Tx, treatment; q/q, quarter-over-quarter; 2L, second line; 3L, third line; HSCT, hematopoietic stem cell transplantation; pts, patients

Second Revuforj indication unlocks $2B U.S. market opportunity in R/R acute leukemia alone

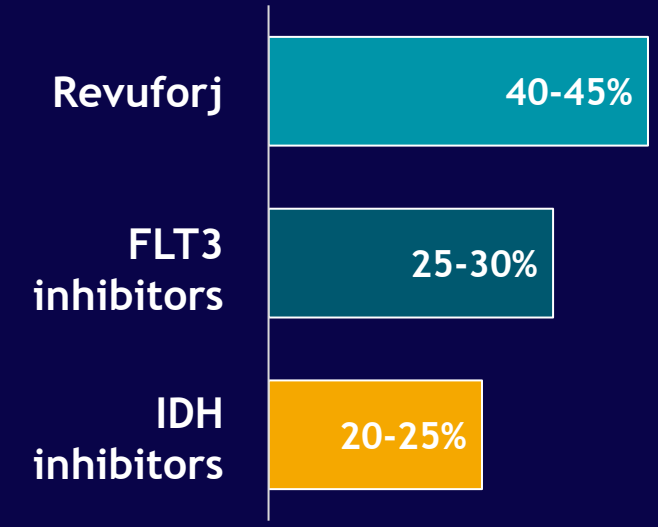


	R/R Acute Leukemia with KMT2A translocation	R/R AML with NPM1m	1L "Unfit" AML with KMT2Ar or NPM1m	1L "Fit" AML with KMT2Ar or NPM1m
Est. annual incidence	~2,000	~4,500	~3,500	~5,500

NPM1 mutations and KMT2A translocations are routinely tested for, enabling efficient patient identification

*With the **largest addressable population** and anticipated duration of therapy, Revuforj is poised to become the largest targeted AML therapy*

Addressable AML population



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Revuforj expansion into R/R NPM1m AML is well underway, leveraging solid foundation

Competitive advantages

- Unmatched efficacy data across multiple patient subtypes
- Strong prescriber base & HCP familiarity
- Excellent payer support & reimbursement
- Proven track record of delivering for patients

Robust 3Q25 Niktimvo growth reflects rapid uptake across U.S. bone marrow transplant centers

Niktimvo™ (axatilimab-csfr)

	3Q25	Cumulative since launch
Net revenue to INCY	$45.8M +27% q/q growth	$96M
Collaboration revenue to SNDX	$13.9M +48% q/q growth	$23M
Infusions administered	~4,500	8,500
New patient starts	~400	1,100

3Q25 insights

80% of pts. that started in Q1 remain on Tx

3L+ most usage in 4L; growing 3L use

90% of U.S. bone marrow transplant centers have ordered

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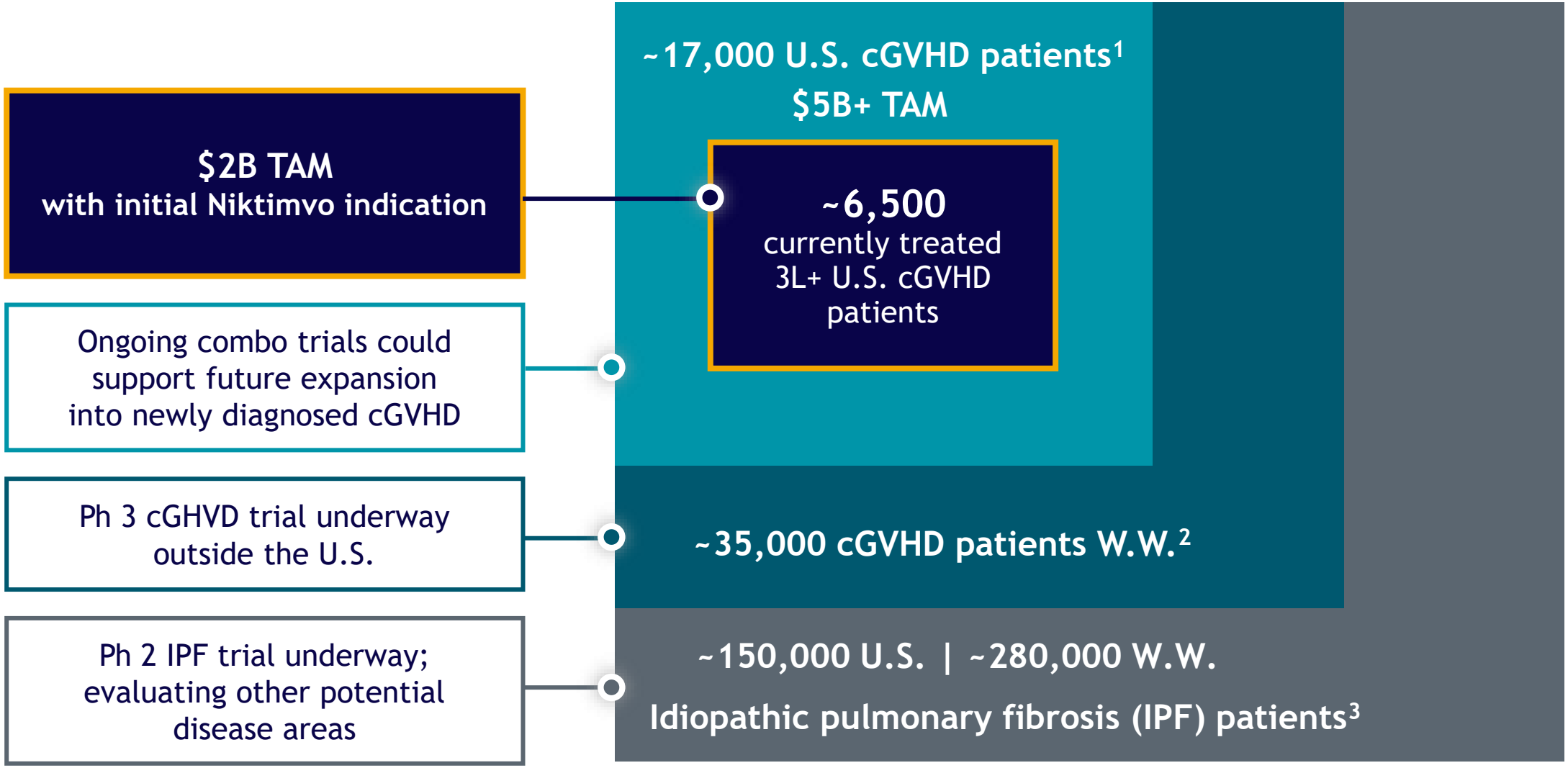
Tx, treatment; q/q, quarter-over-quarter; 3L, third line; 4L, fourth line; pts, patients

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.

First Revuforj real-world evidence highlights favorable tolerability and excellent activity across genetic subtypes and settings

ASH 2025 abstract #3448

Real-world experience at Moffitt Cancer Center through July 2025

Demographics/characteristics (n=18)	
Age, median (range):	60 (23-79)
Prior lines, median (range):	3 (0-6)
Genetics, n (%)	9 (50%) KMT2Ar, 6 (33%) NPM1m, 3 (17%) NUP98r
Setting of therapy, n (%)	15 (83%) R/R, 2 (11%) 1L, 1 (6%) post-HSCT w/out prior rev
Rev usage, n (%)	14 (78%) in combination, 4 (22%) as monotherapy

Safety overview (n=18)

- **No AEs led to revumenib discontinuation**
- Low rate of revumenib dose reductions: 11% (2/18)
- DS in 11% (2/18) of pts (1 G2 & 1 G3)
- QTc prolongation: 23% (3/13) G3 and 31% (4/13) G1/G2

Early efficacy data (median follow up: 3.97 months)	
Patients treated for morphologic disease/relapse (n=14)	
ORR	79% (11/14)
MRD negativity among responders by flow	
KMT2Ar	86% (6/7)
NPM1m	67% (2/3)
Proceeded to HSCT post-revumenib	29% (4/14)
Received revumenib post-HSCT	3 pts (2 resumed post-HSCT, 1 started post-HSCT without prior rev Tx)
Patients treated for NPM1m MRD positivity (n=2)	
Achieved MRD negativity	50% (1/2)

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Abstract data cutoff: July 17, 2025. Notes: Two of the 18 patients were excluded from the efficacy analysis (no bone marrow evaluation post revumenib and use in post-HSCT maintenance setting only). The rate of QTc prolongation was reported among the subset of patients with regular EKG monitoring (n=13). 1L, frontline

SAVE trial: High rates of CR & MRD negativity in newly diagnosed AML cohort treated with revumenib + venetoclax/oral HMA

ASH 2025 abstract #47

Demographics/characteristics in ND cohort (n=17)	
Age, median (range)	68 (60-83)
NPM1m/KMT2Ar	11 (65%)/ 6 (35%)
ELN22 risk	
Favorable	9 (53%)
Intermediate	2 (12%)
Adverse	6 (35%)

Safety overview

- Most common AE was infection, occurring in 53% of pts (all G3)
- QTc prolongation in 8 (47%) pts (G1 or G2 only)
- DS in 4 (24%) pts (no events above G3)

Efficacy in ND cohort (n=17)

94%	**Overall response rate (ORR)** (16/17)
88%	**Complete remission (CR)** (14/16*)
100%	**MRD negative CR by flow** (14/14)
29%	**Proceeded to HSCT** (5/17)

At a median follow-up of 6 months, median overall survival and event free survival were not reached

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Abstract data cutoff: July 22, 2025. *Of the 17 patients, only 16 were evaluable for end of cycle 1. One patient was not yet evaluable for end of cycle 1 but continued on therapy with day 14 showing MLFS.
HMA, Hypomethylating agent (decitabine/cedazuridine); AE, adverse event; DS, differentiation syndrome; MRD, minimal residual disease; HSCT, hematopoietic stem cell transplant

Two Phase 1 trials of revumenib with 7+3 in newly diagnosed AML show high activity, tolerability, and rapid count recovery

Preliminary results from Ph 1b NCI study ASH Abstract #5206

Demographics & baseline characteristics (n=12)	
Age, median (range)	55 (26-72)
Genetics, n	6 high risk NPM1m, 6 KMT2Ar
Efficacy evaluable pts at DL1 or DL2* (n=9)	
CR	89% (8/9)
CR among KMT2Ar	100% (5/5)
CR among high-risk NPM1m	75% (3/4)
Proceeded to HSCT	44% (4/9)
Time to full count recovery among pts with CR, median	25.5 days

Safety overview
- Revumenib with 7+3 overall appears to be well-tolerated
- 9 pts completed induction DLT period: 1 DLT on DL2 (G5 typhlitis)
  8 pts completed consolidation DLT period with no DLTs

Abstract data cutoff: July 19, 2025; Full count recovery defined as ANC >1,000 and platelets >100,000)

Preliminary results from Ph 1 Syndax study ASH Abstract #3425

Demographics & baseline characteristics (n=7)	
Age, median (range)	37 (27-56)
Genetics, n	7 KMT2Ar
Efficacy evaluable pts at DL1* (n=7)	
CR among KMT2Ar	100% (7/7)
MRD negative CR	100% (6/6[1])
Proceeded to HSCT	57% (4/7)

Safety overview
- 6/7 pts. at DL1 were DLT evaluable; 1 DLT of G3 QTc prolongation (pt discontinued rev during cycle 1; pt achieved MRD(-) CR at end of cycle 1 and went to HSCT)
- Most common TEAEs were nausea and decreased neutrophils

Abstract data cutoff: June 3, 2025; 1. All patients tested for MRD negativity achieved MRD-negative CR by local assessment (n=6)

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*DL1: Revumenib (rev) 110 or 220 mg q12hr with/without strong CYP3A4i with 7+3 induction and cytarabine consolidation; DL2: Revumenib 160 or 270 mg q12hr with/without strong CYP3A4i (approved monotherapy dose) with 7+3 induction and cytarabine consolidation; NCI: National Cancer Institute

Revumenib post-HSCT was well-tolerated with promising early efficacy in retrospective review of pediatric patients

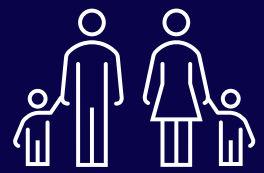
ASH 2025 abstract #3461

Demographics & baseline characteristics (n=10)	
Age, median (range)	10 yrs (1.4-18 yrs)
Genetics, n (%)	8 (80%) KMT2Ar, 2 (20%) NUP98r
Observations	
Prior to HSCT	
Cycles of rev, median (range)	2 (1-4)
Rev usage, n (%)	5 (50%) combination, 5 (50%) monotherapy
Post-HSCT	
Days post-HSCT rev reinitiated, median (range)	111 (58-175)
Cycles of rev, median (range)	11 (1-25*)

**Study planned for rev post-HSCT for up to 1 yr; 1 pt continued for 2 yrs due to parental preference*

Safety overview (post-HSCT)

- Well-tolerated as post-HSCT maintenance in children; most common AE was thrombocytopenia (including two Gr 3 and one Gr 4, occurring primarily during first two cycles)



At last follow-up (15.5 months median follow-up), all pts were alive with no relapses, yielding:

100% estimated 1-year EFS

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Abstract data: Patients who received a HSCT between November 2020 and January 2025.

ASH abstracts highlight the potential for long-term axatilimab use in R/R cGVHD and feasibility of combining with ruxolitinib in newly diagnosed cGVHD

Long-term treatment duration & safety from AGAVE-201 trial of axatilimab in R/R cGVHD

- 33 pts from AGAVE-201 (N=239) were still on axa as of March 2025, with a **median of 2.8 years on therapy** (range 2.6–3.4 yrs)
- Long-term data show a continued tolerable safety profile with prolonged use

ASH 2025 abstract #6010

Safety and feasibility of 0.6 mg/kg every 4-week axatilimab dosing in AGAVE-201 trial

- 32% (19/59) of pts who had a response on axa 0.3 mg/kg Q2W (FDA-approved dose) transitioned to 0.6 mg/kg Q4W in AGAVE-201
- Among the 19 pts who switched, the Q4W dosing was well tolerated, with a **median of 1.7 years on therapy** (range 0.2-2.7 yrs) after the dosing change

ASH 2025 abstract #272

Interim safety analysis from Ph 2 trial of axatilimab + ruxolitinib in newly diagnosed cGHVD

- 44 pts were enrolled across 3 arms (axa+rux, rux, or corticosteroids) at the interim analysis
- **Axatilimab + ruxolitinib in newly diagnosed cGVHD patients was well tolerated** with no evidence of additive toxicity

ASH 2025 abstract #6012

Strong financial position driven by growing Revuforj and Niktimvo contributions and stable expense outlook

Key 3Q25 Financial Results (Unaudited)	Three Months Ended Sept 30 ($ in millions)	
	2025	2024
Product revenue, net (Revuforj)	32.0	-
Collaboration revenue, net (Niktimvo)	13.9	-
Milestone and license revenue	-	12.5
Total revenues	**$45.9**	**$12.5**
Cost of product sales	(2.1)	-
Research & development	(56.3)	(71.0)
Selling, general and administrative	(44.9)	(31.1)
Total operating expenses	**($103.3)**	**($102.1)**
Other (expense) income, net	(3.3)	5.5
Net loss	**($60.7)**	**($84.1)**

AS OF SEPT 30, 2025:

$456M
in cash and equivalents[1]

87.2M
shares outstanding[2]

Strong balance sheet, increasing contributions from Revuforj & Niktimvo, and a stable expense outlook expected to drive **path to profitability**

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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).

Two first- & best-in-class drugs

Niktimvo™ (axatilimab-csfr)

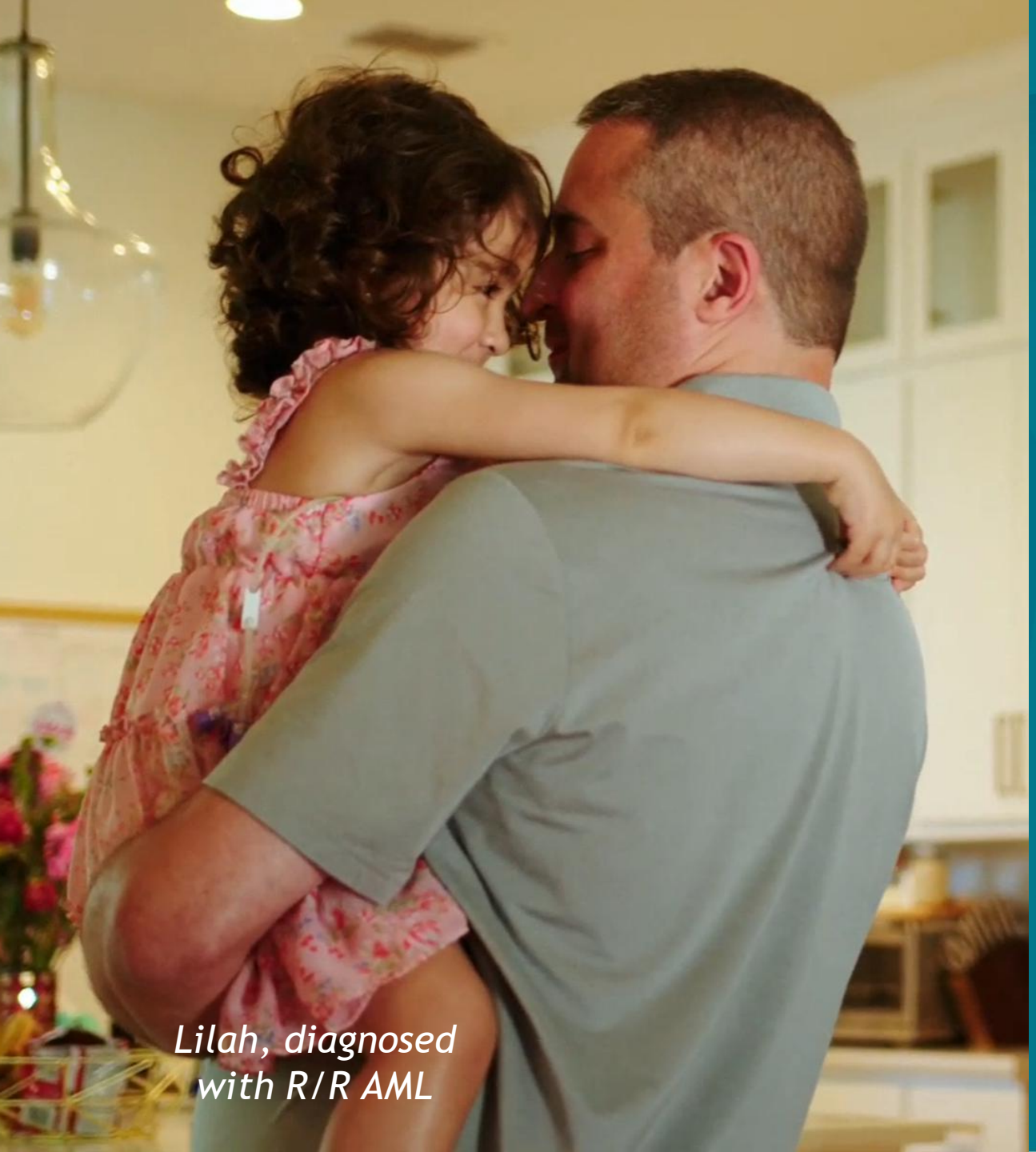
$5B+ TAM

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

$5B+ TAM

Two exceptional product launches

Syndax is on the road to profitability with two medicines with multi-billion-dollar potential



Lilah, diagnosed with R/R AML

FUELED BY A PASSION FOR PATIENTS

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