Revumenib Pipeline and Select Clinical Trials in Acute Leukemia and Solid Tumors

April 2025

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Table of contents

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Disclaimers

- REVUFORJ® (revumenib) is FDA approved for the treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (*KMT2A*) translocation in adult and pediatric patients 1 year and older
- Revumenib is currently being investigated as monotherapy and in combination in several clinical trials, including the Company's pivotal AUGMENT-101 Phase 1/2 open-label clinical trial for the treatment of *NPM1m* R/R AML
  - Completed submission of sNDA for R/R *NPM1m* AML in April 2025

Syndax

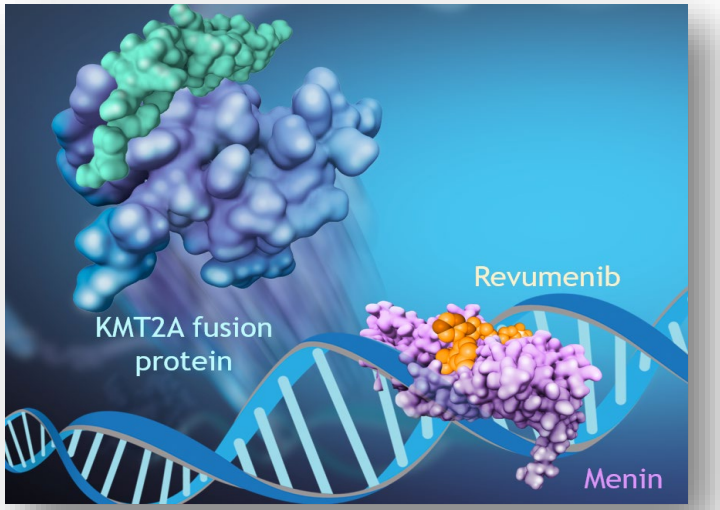
MED-REV-250005 05/2025. Do not redistribute.

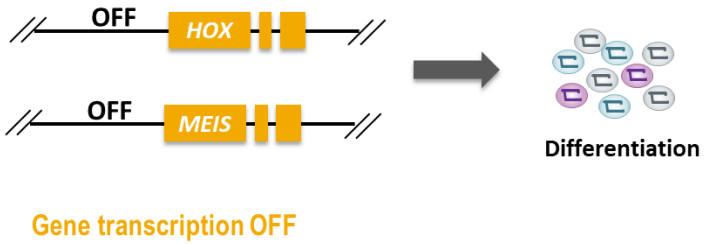
Revumenib (SNDX-5613) is a selective menin-KMT2A interaction inhibitor

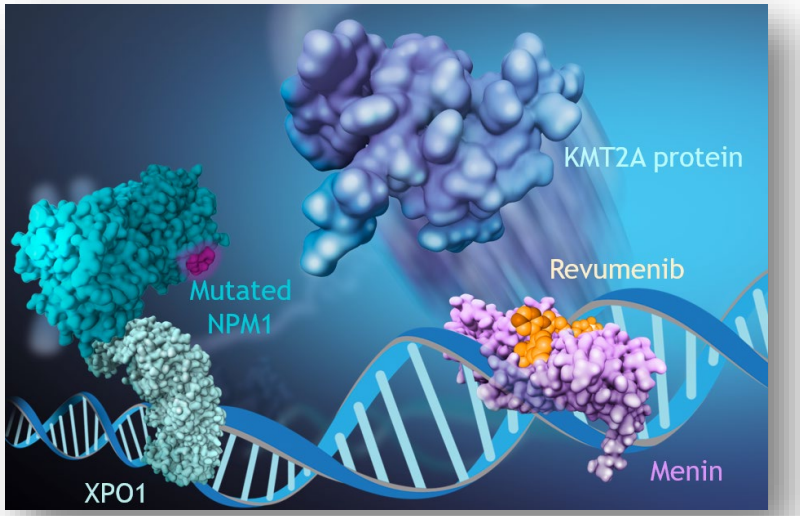
In ***KMT2Ar* acute leukemia**, the interaction of menin with KMT2A fusion proteins drives upregulation of *HOX* cluster and *MEIS1* leukemic gene expression

In ***NPM1m* acute myeloid leukemia**, NPM1m, in association with the nuclear export protein XPO1, binds to chromatin, inducing changes that expose start sites for menin-KMT2A binding, leading to aberrant transcription of *HOX* and *MEIS1*

Revumenib competitively binds a discrete, well-defined pocket within menin, where both wild-type KMT2A and KMT2A fusion proteins bind







KMT2Ar, lysine methyltransferase 2A rearrangements; NPM1m, mutated nucleophosmin.

1. Harada et al. *Genes Dev.* 2022;36:368-389. **2.** Issa et al. *Leukemia.* 2021;35:2482-2495. **3.** Issa et al. *Nature.* 2023;615:920-924; **4.** Krivtsov A, et al. *Cancer Cell*. 2019;36(6):660-673. **5.** Wang et al. *Cancer Discov*. 2023;13:724-745.

MED-REV-250005 05/2025. Do not redistribute.

Revumenib is being studied across the acute leukemia patient journey (1)

	Study (combination)	Phase 1	Phase 2	Phase 3	Population: Age, y	Population: Genetic abnormality	Status	Estimated completion
	AML-specific							
1L	Beat AML (aza/ven)	b			≥60	*KMT2Ar* or *NPM1m*	Recruiting	Dec 2026
1L	EVOLVE-2 (HO177; aza/ven)				≥18*	*KMT2Ar* or *NPM1m*	Recruiting	Dec 2029
1L	24-021 (7+3 + midostaurin)				18–75	*NPM1m* **and** *FLT3*-ITD or TKD	Recruiting	Mar 2026
1L	SNDX-5613-0708 (7+3)				18–75	*KMT2Ar, NPM1m,* or *NUP98r*	Recruiting	Feb 2027
1L	NCI-2023-04141 (7+3)	b			18–75	*KMT2Ar* or *NPM1m*	Recruiting	Dec 2027
1L	SAVE (decitabine/cedazuridine + ven)				≥12	*KMT2Ar*, *NPM1m*, or *NUP98r*	Recruiting	Dec 2026
R/R	RAVAML (aza/ven)				≥1–≤30	HOX-driven genetic abnormality	Recruiting	Jan 2026

*Must be age ≥75 years or age 18–74 with significant comorbidity. 1L, first line; aza, azacitidine; b, Phase 1b study; chemo, chemotherapy; ITD, internal tandem duplication; R/R, relapsed or refractory; TBD, to be determined; TKD, tyrosine kinase domain; ven, venetoclax.

MED-REV-250005 05/2025. Do not redistribute.

Revumenib is being studied across the acute leukemia patient journey (2)

	Study (combination)	Phase 1	Phase 2	Phase 3	Population: Age, y	Population: Genetic abnormality	Status	Estimated completion
MRD	**AML-specific**							
MRD	**INTERCEPT (monotherapy)**	◉	◉		≥18	*KMT2Ar*, *NPM1m*, or other ↑HOX/MEIS	Recruiting	Sep 2026
MRD	**2023-0794 (ven)**	◉	◉		≥12	*KMT2Ar, NPM1m,* or *NUP98r*	Recruiting	Dec 2026
R/R	**Acute leukemia**							
R/R	**2023-0660 (monotherapy)**		◉		≥12	HOX upregulation	Recruiting	Dec 2026
R/R	**AUGMENT-101 (monotherapy)**	◉	◉		≥30 days	*KMT2Ar* or *NPM1m*	Recruiting	Dec 2027
R/R	**AUGMENT-102 (intensive chemo)**	◉			≥30 days	*KMT2Ar, NPM1m,* or *NUP98r*	Complete	Jul 2024
R/R	**Solid tumor**							
R/R	**SNDX-5613-0706 (monotherapy)**	◉	◉		≥18	Microsatellite stable colorectal cancer	Active/not recruiting	Mar 2025

chemo, chemotherapy; MNT, maintenance; mo, month; MRD, measurable residual disease; R/R, relapsed or refractory; ven, venetoclax.

MED-REV-250005 05/2025. Do not redistribute.

Syndax-sponsored studies in acute leukemia

MED-REV-250005 05/2025. Do not redistribute.

AUGMENT-101: Revumenib in R/R acute leukemias with *KMT2Ar* and R/R *NPM1m* AML

RECRUITING

N≈413

Patients

- Aged ≥30 days
- R/R acute leukemias harboring *KMT2Ar* or *NPM1m*

Phase 1 dose escalation previously completed[1]

***KMT2Ar* acute leukemia**

***NPM1m* AML**

Revumenib PO q12h, continuous 28-day cycles ± strong CYP3A4i[a]

	-	+
≥40 kg	276 mg	163 mg
<40 kg	160 mg/m^2	95 mg/m^2

≥ PR → ***HSCT***

Per protocol amendment, eligible patients can resume revumenib as treatment after transplant

Revumenib post-transplant therapy

Primary endpoints

- CR+CRh rate
- Safety and tolerability

Key secondary endpoints

- CRc rate
- ORR
- DOR
- Time to response
- EFS
- OS
- Transfusion independence

Start: Nov 2019
Primary & study completion: Dec 2027

[a] Revumenib administered until unacceptable toxicity, no response by the end of cycle 4, or progressive disease without clinical benefit as defined by the investigator. AML, acute myeloid leukemia; CR, complete remission; CRc, composite complete remission; CRh, complete remission with partial hematologic recovery; CYP3A4i, cytochrome P450 3A4 inhibitor; DOR, duration of response; EFS, event-free survival; HSCT, hematopoietic stem cell transplant; ORR, objective response rate; OS, overall survival; PO, by mouth; PR, partial remission; q12h, every 12 hours; R/R, relapsed or refractory.

https://clinicaltrials.gov/study/NCT04065399; access date: 27 March 2025; Aldoss I, et al. Presented at ASH 2024 [abstract 211]. [1]Issa GC, et al. Nature 2023;625:920-924.

MED-REV-250005 05/2025. Do not redistribute.

AUGMENT-102: Revumenib + intensive chemotherapy in R/R *NPM1m*, *KMT2Ar*, or *NUP98r* acute leukemia

COMPLETED

N=30

Patients

- Age ≥30 days
- R/R acute leukemias harboring *KMT2Ar*, *NPM1m*, or *NUP98r*
- Extramedullary and CNS involvement permitted

Induction (2 × 28-day cycles)

AML/ALL/MPAL

Dose Level	Revumenib PO q12h, + strong CYP3A4i[a]	Fludarabine qd IV	Cytarabine qd IV
	Days 1–28	*Days 1–5*	
2	**163 mg | 95 mg/m² if <40 kg**	30 mg/m² over 30 min	2000 mg/m² over 1–3 h
1	**113 mg | 65 mg/m² if <40 kg**		

- Revumenib monotherapy is continued after completion of chemotherapy cycles
- Patients who proceed to transplant can resume revumenib monotherapy post-transplant

ALL/MPAL

Revumenib q12h + alternative chemotherapy

Cycle 1: Prednisone, vincristine, pegaspargase/ calaspargase pegol-mknL, + daunorubicin

Cycle 2: Etoposide + cyclophosphamide

Primary endpoints

- DLTs with revumenib
- Safety of combination
- Disease response assessed before initiation of each cycle

Secondary endpoints

- PK of revumenib

Start: Mar 2022

Primary & study completion: Jul 2024

ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; CNS, central nervous system; CYP3A4i, cytochrome P450 3A4 inhibitor; DLT, dose-limiting toxicity; HSCT, hematopoietic stem cell transplant; IV, intravenous; MPAL, mixed phenotype acute leukemia; PK, pharmacokinetics; PO, by mouth; q12h, every 12 hours; qd, once daily; R/R, relapsed or refractory.

https://clinicaltrials.gov/study/NCT05326516; access date: 27 March 2025; Shukla N, et al. Presented at EHA 2024 [abstract P450]

MED-REV-250005 05/2025. Do not redistribute.

SNDX-5613-0708: Revumenib + 7+3 in newly diagnosed *NPM1m*, *KMT2Ar*, or *NUP98r* AML

RECRUITING

N≈76

Patients

- Age 18–75 years
- Newly diagnosed AML harboring *KMT2Ar, NPM1m,* or *NUP98r*

Open-label treatment; 28-day cycles

Induction (up to 2 cycles)

Sequential escalating doses of PO **revumenib** with IV chemotherapy (cytarabine + daunorubicin or idarubicin)

Consolidation (up to 4 cycles)

HiDAC (IV), followed by **revumenib**

May include HSCT

Maintenance

Revumenib monotherapy

Dose expansion will utilize the tolerated dose of revumenib, and patients will receive revumenib with chemotherapy or with HiDAC during consolidation

Primary endpoints

- Safety
- DLTs

Secondary endpoints

- PK of revumenib and metabolites

Start: May 2024
Primary & study completion: Feb 2027

AML, acute myeloid leukemia; DLT, dose-limiting toxicity; HiDAC, high-dose cytarabine; HSCT, hematopoietic stem cell transplant; IV, intravenous; PK, pharmacokinetics; PO, by mouth.
https://clinicaltrials.gov/study/NCT06226571; access date: 27 March 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Additional studies in acute leukemia

MED-REV-250005 05/2025. Do not redistribute.

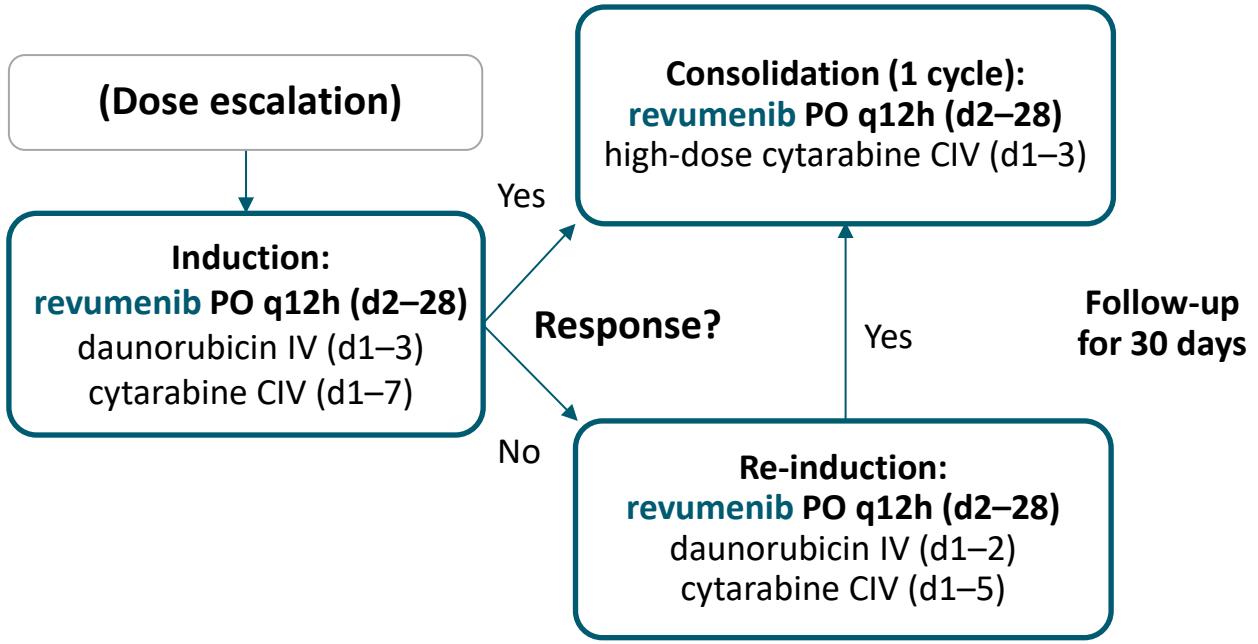
Revumenib + 7+3 in newly diagnosed *NPM1m* or *KMT2Ar* AML

RECRUITING

N≈28

Patients

- Age 18–75 years
- Newly diagnosed AML harboring *KMT2Ar* or *NPM1m/FLT3* wildtype



Primary endpoints

- MTD for induction
- MTD for consolidation
- RP2D

Secondary endpoints

- PK of revumenib
- CR/CRi rate

Start: Jun 2024
Primary & study completion: Dec 2027

AML, acute myeloid leukemia; CIV, continuous IV infusion; CR, complete remission; CRi, complete remission with incomplete hematologic recovery; IV, intravenous; MTD, maximum tolerated dose; PK, pharmacokinetics; PO, by mouth; q12h, every 12 hours; RP2D, recommended phase 2 dose. https://clinicaltrials.gov/study/NCT05886049; access date: 17 April 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

LLS BEAT-AML: Revumenib + azacitidine/venetoclax in newly diagnosed *NPM1m* or *KMT2Ar* AML

RECRUITING

N≈12–20 at MTD

Patients

- Age ≥60 years
- Newly diagnosed *NPM1m* or *KMT2Ar* AML
- Unfit or unwilling to receive intensive chemotherapy

Umbrella protocol, arm BAML-16-001-S17

Induction (3 + 3 design; up to three 28-day cycles)

Dose Level	Revumenib PO q12h, + strong CYP3A4i[a]	Azacitidine qd IV or SC[b]	Venetoclax qd PO[c]
	Days 1–28	Days 1–7	Days 1–28
2a	163 mg	75 mg/m^2	400 mg/day, adjusted for azoles
1a	113 mg		

Marrow remission: *Continue combination until progression, transplant, or intolerance*

Morphologic evidence of AML after 3 cycles: *Off protocol*

Primary endpoints

- Safety and RP2D

Secondary endpoints

- ORR
- MRD status
- OS
- DOR
- Patients who proceed to alloHCT

Start: Nov 2016
Primary & study completion: Dec 2026

[a,b,c]See slide notes for additional dosing information.
alloHCT, allogenic hematopoietic cell transplant; AML, acute myeloid leukemia; CYP3A4i, cytochrome P450 3A inhibitor; DOR, duration of response; IV, intravenous; LLS, Leukemia and Lymphoma Society; MRD, measurable residual disease; MTD, maximum tolerated dose; ORR, overall remission rate; OS, overall survival; PO, by mouth; q12h, every 12 hours; RP2D, recommended phase 2 dose; SC, subcutaneous. https://clinicaltrials.gov/study/NCT03013998; access date: 27 March 2025; Zeidner JF, et al. Presented at EHA 2024 [abstract S134].

Syndax

MED-REV-250005 05/2025. Do not redistribute.

EVOLVE-2: Revumenib + aza/ven in patients with newly diagnosed *NPM1m* or *KMT2Ar* AML ineligible for intensive chemotherapy

RECRUITING

N≈415

Patients

- Age ≥75 years and ineligible for intensive chemotherapy (ECOG PS ≤2), **or**
- Age 18–74 years and ineligible for intensive chemotherapy due to significant comorbidity (ECOG PS 2–3)
- *NPM1m* or *KMT2Ar* AML
- No prior AML treatment

Double-blind treatment; 28-day cycles

Randomization

- **Revumenib** + aza/ven
- **Placebo** + aza/ven

Follow-up for up to 4 years

Primary endpoint

- OS in patients with *NPM1m*

Secondary endpoints

in patients with *NPM1m* only:

- EFS
- CR/CRh
- CR
- CRh+ CR/CRi
- For CR, CR/CRh, and CR/CRi:
  - Rate of MRD negativity
  - Time to response
  - DOR

Start: Mar 2025
Primary completion: Dec 2029
Study completion: Jul 2031

AML, acute myeloid leukemia; aza. azacytidine; CR, complete remission; CRh, complete remission with partial hematologic recovery; CRi, complete remission with incomplete hematologic recovery; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EFS, event-free survival; MRD, measurable residual disease; OS, overall survival; ven, venetoclax. https://clinicaltrials.gov/study/NCT06652438; access date: 17 April 2025.

MED-REV-250005 05/2025. Do not redistribute.

SAVE: All-oral therapy of revumenib + decitabine/cedazuridine + venetoclax in AML

RECRUITING

N≈43

Patients

- Age ≥12 years
- Newly diagnosed AML or myeloid MPAL ineligible for intensive chemotherapy, or R/R AML
- *NPM1m*, *KMT2Ar,* or *NUP98r*

3 + 3 design

Dose Level	Revumenib PO q12h, + strong CYP3A4i	Decitabine/ cedazuridine PO qd	Venetoclax PO
	Days 1–28	Days 1–5	Days 1–28
1	**163 mg**	35 mg decitabine 100 mg cedazuridine	400 mg target dose with ramp-up (adjusted with azoles)
0	**113 mg**		

Day 14 bone marrow for early response

Amendment: *Hold **revumenib** after day 21 if day 14 BM blasts <5%*

HSCT

Maintenance revumenib post-HSCT for 1 year

Primary endpoint

- RP2D

OBJECTIVES

Primary

- **Phase 1:** Safety, MTD
- **Phase 2:** Efficacy

Secondary

- OS, RFS, MRD

Start: Oct 2022
Primary & study completion: Dec 2026

1L, first line; AML, acute myeloid leukemia; BM, bone marrow; CYP3A4i, cytochrome P450 3A4 inhibitor; DOR, duration of response; HSCT, hematopoietic stem cell transplant; MPAL, mixed phenotype acute leukemia; MRD, measurable residual disease; MTD, maximum tolerated dose; OS, overall survival; PO, by mouth; q12h, every 12 hours; qd, once daily; RFS, relapse-free survival; RP2D, recommended phase 2 dose; R/R, relapsed or refractory. https://clinicaltrials.gov/study/NCT05360160; access date: 27 March 2025. Issa GC, et al. Presented at ASH 2024 [abstract 216].

MED-REV-250005 05/2025. Do not redistribute.

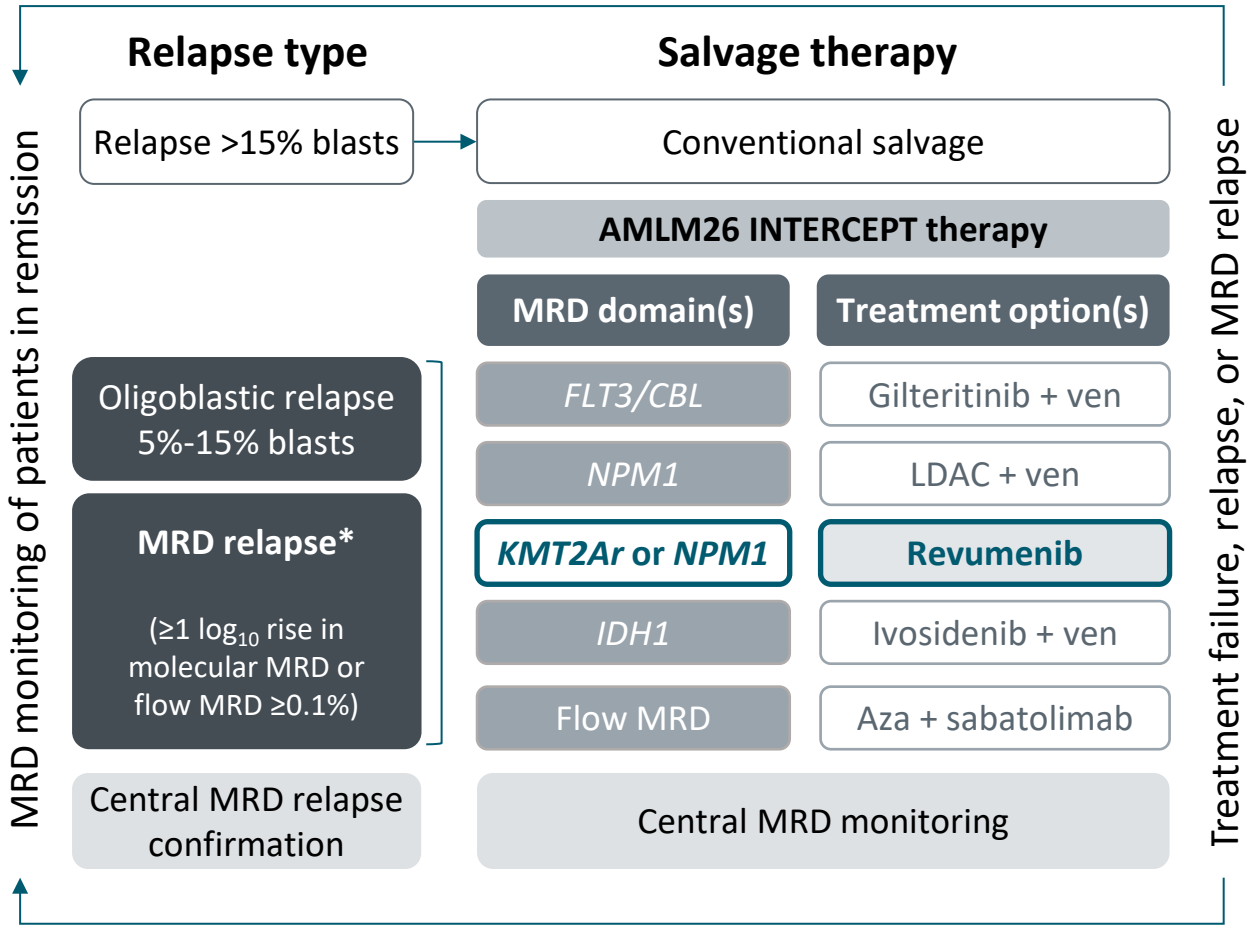
ALLG AMLM26 INTERCEPT: Investigating novel therapy to target early relapse and clonal evolution as pre-emptive therapy in AML

RECRUITING

N=92

Patients

- Age ≥18 years
- *NPM1m*, *KMT2Ar*, or other aberrant HOX-expressing AML (eg, *NUP98r*, *UBTF*-TD, *DEK::NUP214; KMT2A*-PTD)
- >14 days from receipt of prior anti-leukemic therapy



Primary endpoint

- MRD response

Secondary endpoints

- Duration of MRD response
- RFS
- Safety and tolerability
- Time to, duration of response when treated at MRD failure vs morphologic relapse
- Efficacy of distinct treatment sequences
- OS
- QoL

Start: Mar 2023
Primary completion: Sep 2026
Study completion: Jul 2028

*See slide notes for parameters. AML, acute myeloid leukemia; aza, azacitidine; LDAC, low dose cytarabine; MRD, measurable residual disease; OS, overall survival; PTD; partial tandem duplication; QoL, quality of life; RFS, relapse-free survival;TD, tandem duplication; UBTF, upstream binding transcription factor; ven, venetoclax. https://clinicaltrials.gov/study/NCT06664879; access date: 27 March 2025. https://anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12622000582752; access date: 30 April 2025. Loo S, et al. Presented at ASH 2024 [abstract 223]; Tiong IS and Loo S. Int J Mol Sci. 2023;24:4790.

MED-REV-250005 05/2025. Do not redistribute.

Revumenib + 7+3 and midostaurin in AML

RECRUITING

N≈22

Patients

- Age 18–75 years
- Untreated AML
- *FLT3*-ITD or -TKD **and** *NPM1m*
- 2022 ELN adverse risk genetic features (dose escalation only)

Dose finding, 3 + 3 design: n≤12, 28-day cycles

Dose expansion, n=10

Induction
revumenib PO BID (d8–28)
daunorubicin IV QD (d1–3)
cytarabine IV (d1–7)
midostaurin PO BID (d8–21)

Response?

Yes

Consolidation (1 cycle)
revumenib PO BID (d8–28)
HiDAC (d1, d3, d5)
midostaurin PO BID (d8–21)

Yes

Follow-up:
Up to 12 weeks for primary endpoints (1 year for RFS, OS)

No

Re-induction
revumenib PO BID (d8–28)
daunorubicin IV QD (d1–2)
cytarabine IV (d1–5)
midostaurin PO BID (d8–28)

Primary endpoints

- DLT
- MTD
- RP2D

Secondary endpoints

- CR with induction
- CR with consolidation
- MRD negativity with induction
  - Flow
  - Molecular
- MRD negativity with consolidation
  - Flow
  - Molecular
- RFS at 1 year
- OS at 1 year

Start: Dec 2024
Primary completion: Mar 2026
Study completion: Mar 2027

1L, first line; AML, acute myeloid leukemia; BID, twice daily; CR, complete remission; DLT, dose-limiting toxicity; ELN, European Leukemia Network; HiDAC, high-dose cytarabine; ITD, internal tandem duplication; IV, intravenous; MRD, measurable residual disease; MTD, maximum tolerated dose; OS, overall survival; QD, once daily; PO, by mouth; RFS, relapse-free survival; RP2D, recommended phase 2 dose; TKD, tyrosine kinase domain. https://clinicaltrials.gov/study/NCT06313437; access date: 27 March 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Revumenib in leukemias associated with upregulation of HOX genes

RECRUITING

N≈40

Patients

- Age ≥12 years and ≥40 kg
- R/R acute leukemias with genetic abnormalities associated with HOX upregulation

Alteration/mutation	Cytogenetics
KMT2A-PTD	Normal karyotype
NPM1-MLF1	t(3;5)(q25;q34)
NUP98r	11p15 rearrangement
SET-NUP214	t(9;9)(q34;q34)
RUNX1-EVI1	t(3;21)(q26;q22)
MYST3-CREBBP	t(8;16)(p11;p13)
CDX2-ETV6	t(12;13)(p13;q12)
CALM-AF10	t(10;11)(p13;q14-21)
MN1-ETV6	t(12;22)(p13;q12)
UBTF-TD	Normal karyotype

Revumenib
q12h PO for 28-d cycles

Follow-up for ≈1 year

Primary endpoint

- Safety

OBJECTIVES

Primary

- Efficacy

Secondary

- MRD clearance (by MFC)
- Rate of cytogenetic remission
- EFS, DOR, OS

Start: Jun 2024
Primary completion: Dec 2026
Study completion: Dec 2028

DOR, duration of response; EFS, event-free survival; MFC, multiparameter flow cytometry; MRD, measurable residual disease; OS, overall survival; PO, by mouth; PTD; partial tandem duplication; q12h, every 12 hours; R/R, relapsed or refractory; TD, tandem duplication. https://clinicaltrials.gov/study/NCT06229912; access date: 27 March 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Revumenib + BCL-2 inhibition in MRD-positive AML

RECRUITING

N≈8

Patients

- Age ≥12 years and ≥45 kg
- MRD ≥0.1% by MFC
- *NPM1m*, *KMT2Ar*, or *NUP98r* AML
- No prior menin inhibitor

Revumenib PO

+

Venetoclax PO daily, days 1–14

Can continue combination for ≤1 year, then 1 year of venetoclax alone

Primary endpoint

- Safety

OBJECTIVES

Primary

- **Phase 1:** Safety, RP2D
- **Phase 2:** MRD clearance

Secondary

- OS, RFS, EFS, DOR
- Clinical flow and genetic MRD concordance rate

Start: Sep 2024
Primary completion: Dec 2026
Study completion: Dec 2028

AML, acute myeloid leukemia; DLT, dose-limiting toxicity; DOR, duration of response; EFS, event-free survival; MFC, multiparameter flow cytometry; MRD, measurable residual disease; OS, overall survival; PO, by mouth; RFS, relapse-free survival; RP2D, recommended phase 2 dose; ven, venetoclax. https://clinicaltrials.gov/study/NCT06284486; access date: 27 March 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Revumenib + aza/ven in pediatric and young adult patients with R/R AML

RECRUITING

N≈24

Patients

- Age ≥1 –≤30 years
- R/R disease
- HOX-driven genetic abnormality (*KMT2Ar*, *NUP98r*, *NPM1m* or fusion, *PICALM::MLLT10*; *DEK::NUP214*; *UBTF*-TD, *KAT6A::CREBBP* or *SET::NUP214*)

Dose Level	Revumenib	Venetoclax	Azacitidine
2	95 mg/m^2	21 days	Duration consistent across dose levels
1	65 mg/m^2		
-1	65 mg/m^2	14 days	

→ ***Assess after 43 days***

(OS, 1 year)

If the primary physician believes that patients are eligible:

- May receive revumenib monotherapy until HCT (post-transplant therapy decided by physician)
- Patients who do not receive HCT may continue combination therapy

Primary endpoint

- RP2D

Secondary endpoints

- CR
- CRi
- OS

Start: Apr 2024
Primary completion: Jan 2026
Study completion: Jul 2026

AML, acute myeloid leukemia; aza, azacytidine; DLT, dose-limiting toxicity; CR, complete remission; CRi, complete remission with incomplete hematologic recovery; HCT, hematopoietic cell transplant; OS, overall survival; q12h, every 12 hours; RP2D, recommended phase 2 dose; R/R, relapsed or refractory; TD, tandem duplication; ven, venetoclax. https://clinicaltrials.gov/study/NCT06177067; access date: 27 March 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.

Syndax-sponsored studies in solid tumors

MED-REV-250005 05/2025. Do not redistribute.

SNDX-5613-0706: Safety, tolerability, PK/PD, and efficacy of revumenib in patients with mCRC and other solid tumors

ACTIVE, NOT RECRUITING

N=42

Patients

- Age ≥18 years
- mCRC or other solid tumor
- For non-mCRC solid tumors: have received all approved standard therapies (unless contraindicated or intolerable)

Phase 1b: Signal seeking
Microsatellite stable CRC

n≈20
Revumenib
RP2D: 276 mg TID × 28-day cycles

Phase 1 dose escalation in all comers previously completed[1]

Continue?

"Go" threshold based on ORR and DCR at 6 cycles

Phase 2: Randomized, open-label signal confirmation
Microsatellite stable R/R CRC

Randomization 2:1

- **Revumenib** n=68
- **Investigator's choice**† n=34

3-year **follow-up** for DOR and safety; OS, 5 years

Primary endpoints

Phase 1:
- DLTs
- Safety
- DCR at 6 cycles
- ORR

Phase 2: PFS

Secondary endpoints

Phase 1: PK

Phase 2:
- PK
- Safety
- OS
- DCR at 6 cycles*
- ORR*
- DOR*

Start: Apr 2023
Primary completion: Mar 2025
Study completion: Aug 2027

*By blinded radiographic review and by investigator assessment. †Chemotherapy options: trifluridine/tipiracil or regorafenib, administered per labeled dose and schedule.
CRC, colorectal cancer; DLTs, dose-limiting toxicities; DOR, duration of response; DCR, disease control rate; mCRC, metastatic colorectal cancer; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PK, pharmacokinetics; RP2D, recommended phase 2 dose; R/R, relapsed or refractory; TID, three times per day.
https://clinicaltrials.gov/study/NCT05731947; access date: 27 March 2025; Parikh A, et al. Presented at ASCO GI 2024; [1]https://ir.syndax.com/news-releases/news-release-details/syndax-announces-plans-advance-phase-1b-portion-trial-evaluating; access date: 7 April 2025.

Syndax

MED-REV-250005 05/2025. Do not redistribute.