

FOR DR. DAVID KATO. FOR OUR COMMUNITY.

Help a healer heal. For Dave. For our community.

Dr. David Kato is a compassionate, skilled physician who now faces AML as a patient. Supporting his recovery carries a hope shared by his community: seeing him return to the work he loves - caring for patients and helping his community thrive.



DR. DAVID KATO

A physician now receiving care.

YOUR CELLS. SOMEONE ELSE'S SECOND CHANCE.

THE SCIENCE INSIDE THE SECOND CHANCE

How a transplant works

Blood-forming stem cells renew themselves and make red cells, immune cells and platelets. A donor transplant gives a patient a new source of them. [1]

01 / COLLECT



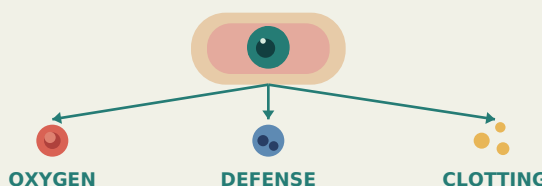
Cells are collected from the donor.

02 / INFUSE



After preparatory treatment, cells enter the patient by IV.

03 / ENGRAFT & REBUILD



Cells settle in the marrow, then grow into red cells, immune cells and platelets.

The immune effect: donor immune cells can also attack leukemia left behind. Transplant can offer a chance at cure; it is intensive treatment with serious risks. [1]

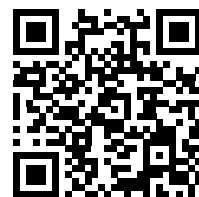
INSPIRED BY DR. DAVID KATO. FOR ANY PATIENT.

Start with a swab.

18-35? Check eligibility and request your free kit.

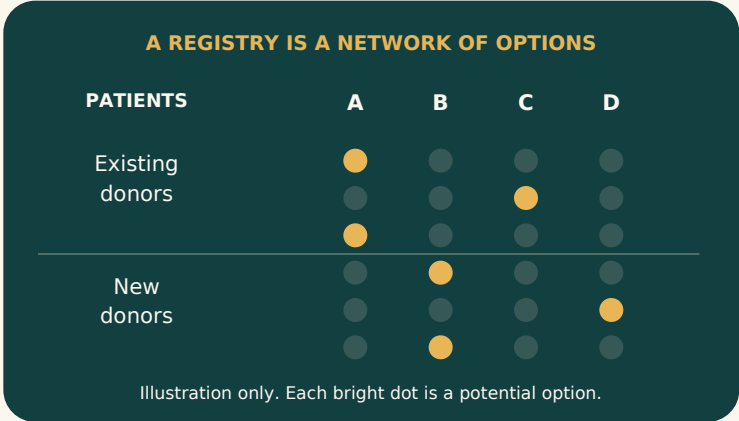
my.nmdp.org/Hope4DavidK

Or text hope4davidk to 61474



More of us. More possibilities.

A cheek swab identifies your **HLA**: inherited immune-recognition markers. Blood type is not the key. Different people bring different potential matches. [2]



WHY YOUR PATTERN MATTERS

More variety. HLA is inherited. Shared ancestry can raise matching chances, but only individual testing tells us who matches. Hawai'i's many ancestries belong in this network. [2]

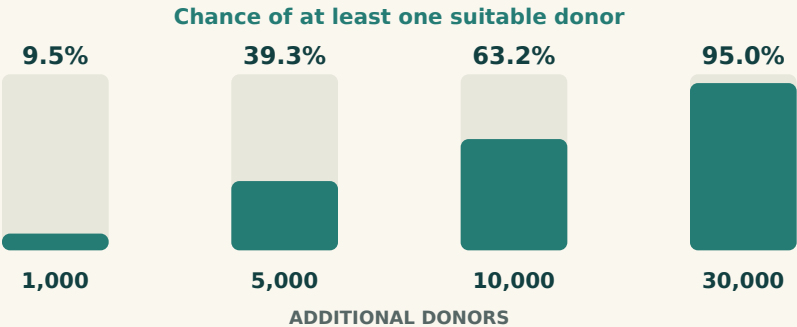
More usable choices. Young, healthy, reachable donors add options. Modern treatment can use partial matches, too; teams choose the best available donor for each patient. [2, 3]

THE MATH OF ADDING POSSIBILITIES

Small chances can add up.

Illustrative math only: not real matching odds or a recruitment target.

Imagine each new donor had a **1-in-10,000** independent chance of being suitable for one particular patient.



$P(\text{at least one}) = 1 - (1 - p)^N$. This model assumes equal, independent chances. Real odds depend on HLA, ancestry, availability and clinical factors. These numbers do not predict David's match or anyone's survival.

A simple start. A real commitment.

90%

BLOODSTREAM COLLECTION

Five days of mobilizing injections, then apheresis (usually 4-8 hours). Temporary aches or fatigue can occur. [4]

10%

MARROW COLLECTION

Cells come from the back of the pelvic bone under anesthesia. Temporary soreness and fatigue can occur. [5]

If selected: plan on about 20-30 hours over 4-6 weeks, plus travel. NMDP covers donation-related expenses. Both methods have risks; serious donor complications are uncommon. Most registrants never donate. [3-5]

SWAB. RETURN THE KIT. CONFIRM YES. STAY REACHABLE.

Join for any matching patient. Donation is voluntary. Not eligible? Share the campaign or volunteer.