
APPENDICES

APPENDIX A
Executive Order 98-194



**PAUL E. PATTON
GOVERNOR**

EXECUTIVE ORDER

**98-194
February 19, 1998**

**Secretary of State
Frankfort
Kentucky**

**RELATING TO FORMATION OF THE
KENTUCKY BREAST CANCER TASK FORCE**

WHEREAS, in 1997, it was estimated that 2,700 Kentucky women were diagnosed with breast cancer and that approximately 650 of these women suffered loss of life from this dreadful disease; and

WHEREAS, Nationally, breast cancer is a common form of cancer in women, which ultimately affects their families, friends and communities; and

WHEREAS, one of nine women in the United States will develop breast cancer in her lifetime, and in over seventy percent of these cases, the women have no known risk factors; and

WHEREAS, research shows that breast cancer mortality could be reduced by at least 30 percent if women followed recommended breast cancer screening guidelines and that 21.5 percent of Kentucky women age 40 and older have never had a mammogram; and

WHEREAS, for women 40 and older, recommended screening for breast cancer includes mammography, yearly breast examination by a health care provider and monthly breast self examination, the latter of which is recommended for women of all ages:

NOW, THEREFORE I, PAUL E. PATTON, Governor of the Commonwealth of Kentucky, pursuant to the authority vested in me by the Constitution and KRS 12.029, do hereby order and direct the following:

1. There is hereby created and established the Kentucky Breast Cancer Task Force (hereinafter "Task Force") which shall be attached to the Cabinet for Health Services for administrative and staff purposes. The Task Force shall report directly to the Secretary of the Cabinet for Health Services and the Governor.
2. The Task Force shall be assisted by an Executive Director appointed by the Governor. The Executive Director may employ two (2) staff assistants, with the approval of the Task Force, to render assistance in carrying out the mandates of this Order.
3. The duties of the Task Force shall include, but are not limited to, the following:
 - A. Assess the effective and adequacy of educational inreach/outreach programs throughout the state including inventory of such programs and materials and/or approaches used.
 - B. Assess the availability, access and quality, utilization and outcomes of public and private screening and treatment services including continuity of care and rehabilitation.
 - C. Assess adequacy of health insurance coverage with regard to issues related to breast cancer.
 - D. Assess the needs of uninsured and underinsured Kentucky women and the services they receive; survey women who have received positive diagnosis of malignancy, e.g., using focus groups



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- E. Assess present funding and allocation of state dollars and determine areas of need; assess availability and utilization of federal funding focused on breast cancer in Kentucky
- F. Assess the availability and utilization of data from private and public sources regarding breast cancer screening, diagnosis, treatment and outcomes.
4. The Task Force shall complete its work and deliver its recommendations to the Governor by June 30, 1999.
5. The Chairperson of the Task Force shall be appointed by the Governor.
6. The Task Force shall meet at the call of the Chairperson and shall continue to meet as necessary in order to carry out the mandates of this Order.
7. Members of the Task Force shall be reimbursed for actual expenses, if any, incurred while attending meetings.
8. The Governor's office shall take all actions necessary to effectuate the provisions of this Order. All state agencies are hereby directed to provide assistance, as feasible, to members of the Task Force.
9. The Task Force shall be composed of at least one member from the following representative groups: Kentucky Breast Cancer Coalition, Kentucky Breast Cancer Advisory Committee; Health Kentucky, Inc., Kentucky Cancer Program; American Cancer Society; Kentucky Department of Public Health; Kentucky Medical Association, a practicing radiologist (qualified in mammography); a practicing physician; a practicing medical oncologist; citizen at large representing breast cancer survivors; county/local public health official; a representative of the health insurance community; medical social worker; Kentucky African Americans Against Cancer; and a citizen at large representing local breast cancer coalitions.
10. I hereby appoint and designate Judi Patton, First Lady of the Commonwealth, to serve as Chairperson of the Task Force. I further appoint and designate Gilbert H. Friedell, M.D., to serve as Executive Director.

Please issue a Commission to them.

Handwritten signature of Paul E. Patton in cursive script.

PAUL E. PATTON, Governor
Commonwealth of Kentucky

Handwritten signature of John Y. Brown III in cursive script.

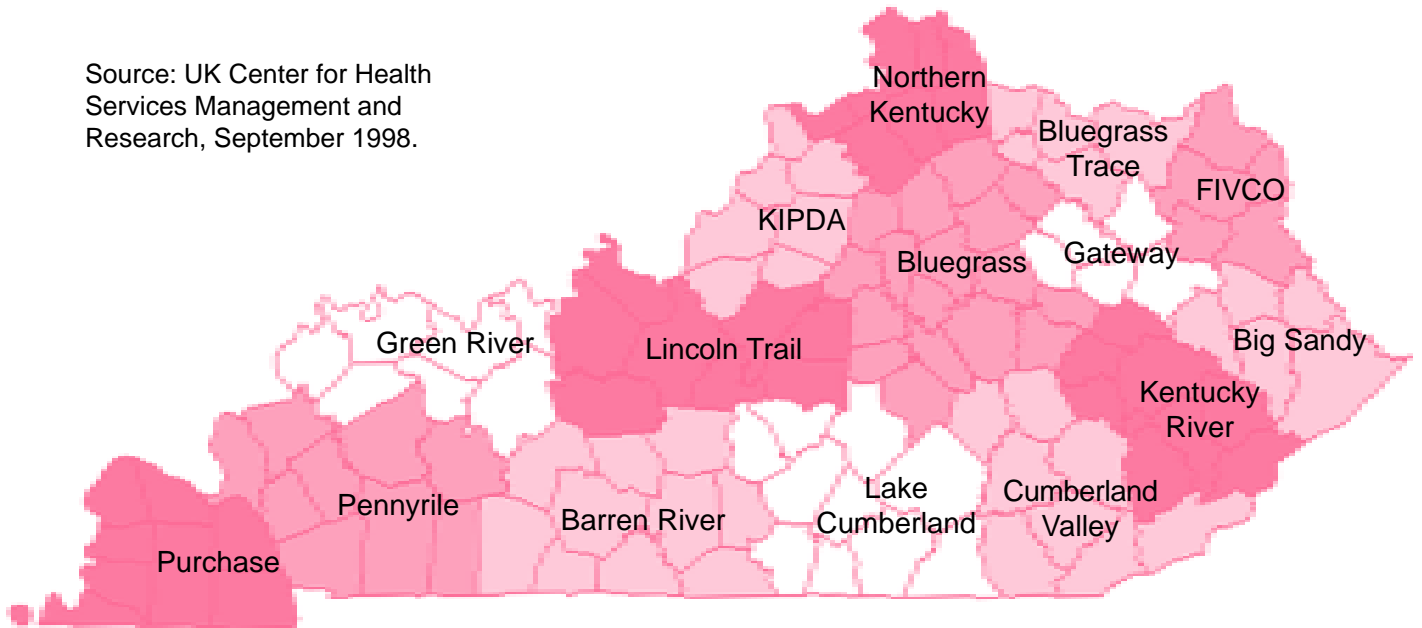
JOHN Y. BROWN, III
Secretary of State

APPENDIX B

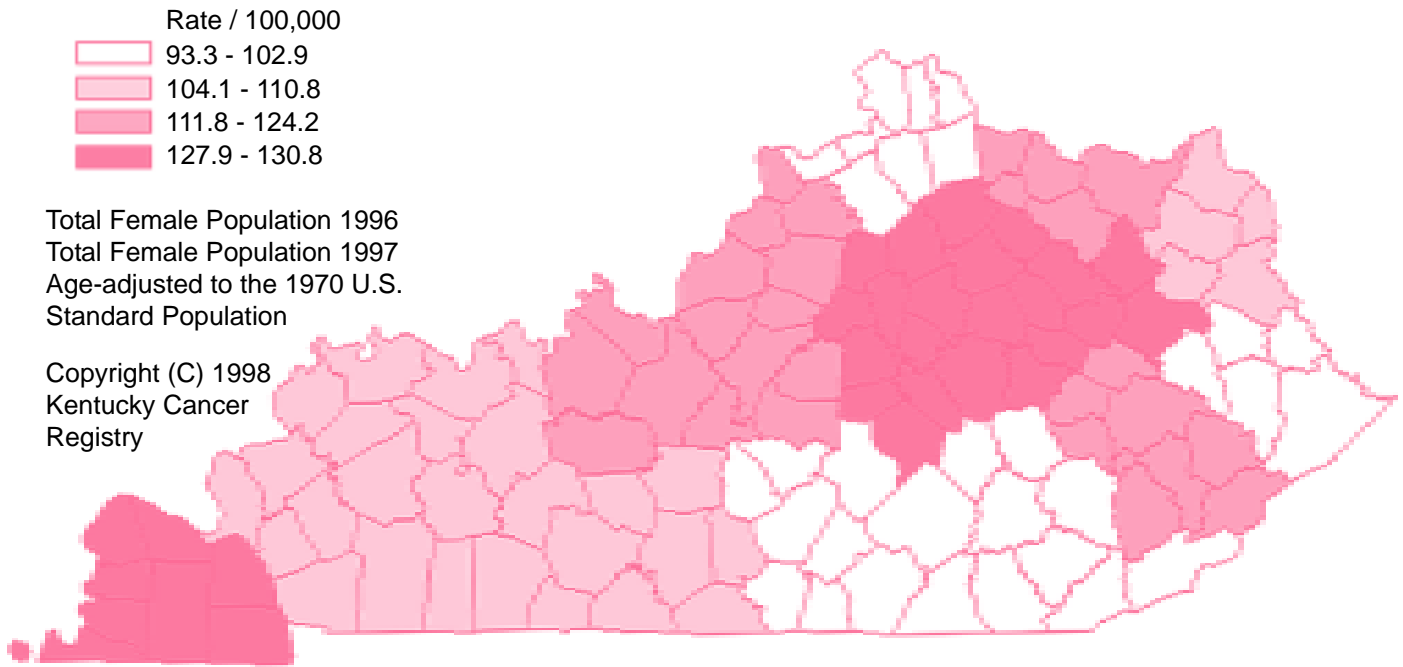
Figures

Figure 1: Kentucky Area Development Districts

Source: UK Center for Health Services Management and Research, September 1998.



**Figure 2: Age-Adjusted Cancer Incidence Rates by A.D.D. in Kentucky
FEMALE BREAST CASES, 1996-1997**



**Figure 3: Age-Adjusted Cancer Incidence Rates by A.D.D. in Kentucky
LATE STAGE FEMALE BREAST CASES, 1996-1997**

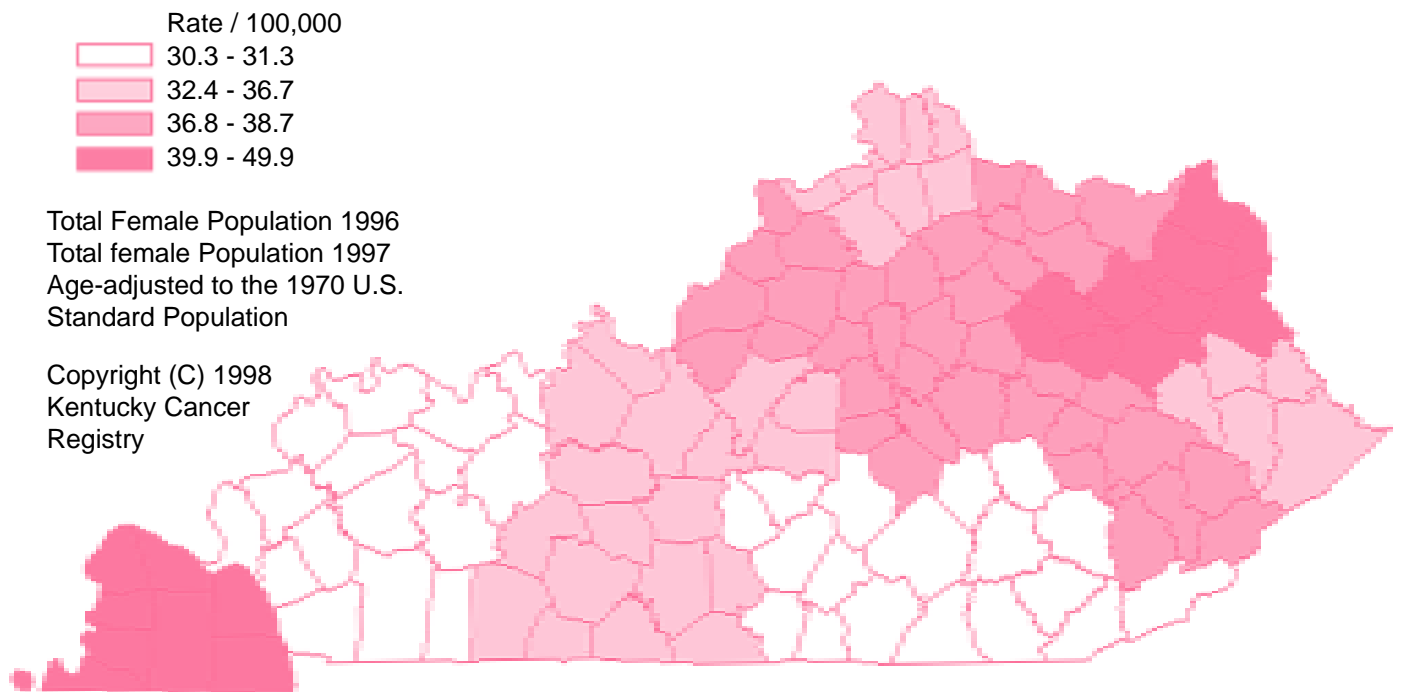
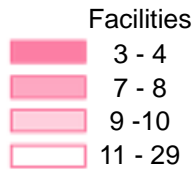


Figure 4: Number of Fully-Certified Mammography Facilities by A.D.D. in Kentucky



Source: Department of Health and Human Services, 1998.
 UK Center for Health Services Management and Research, September 1998.

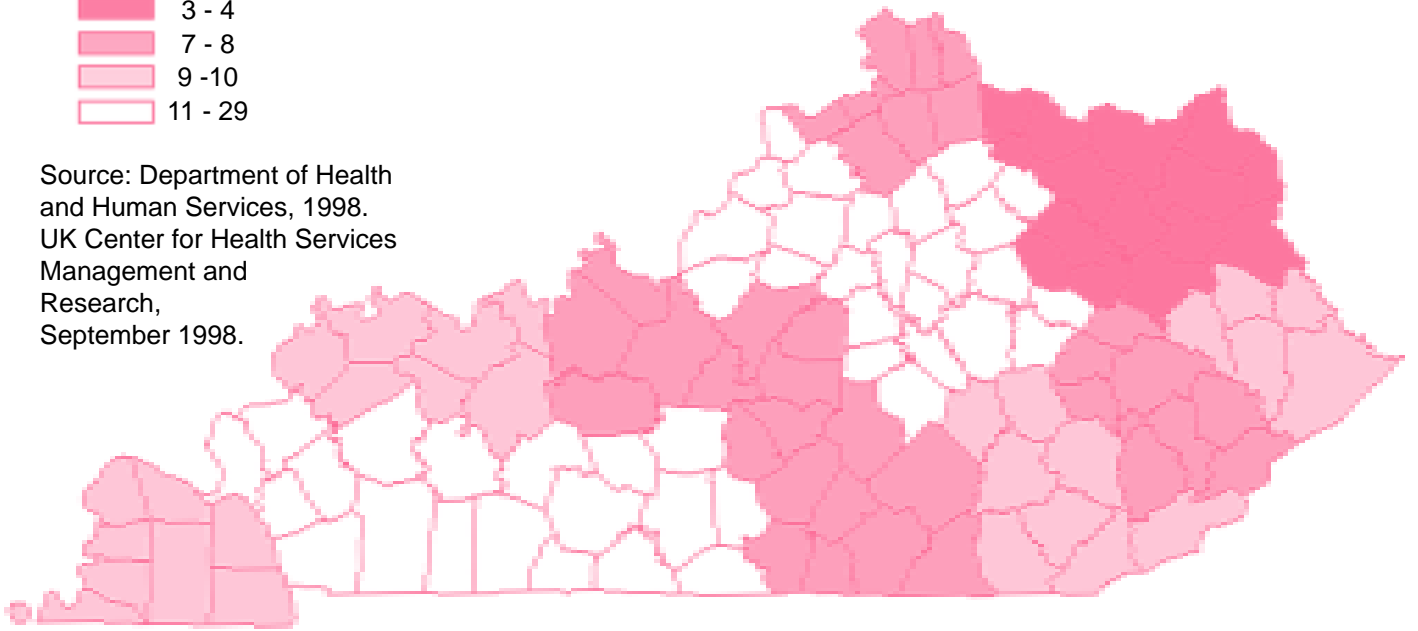
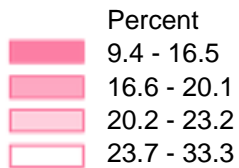
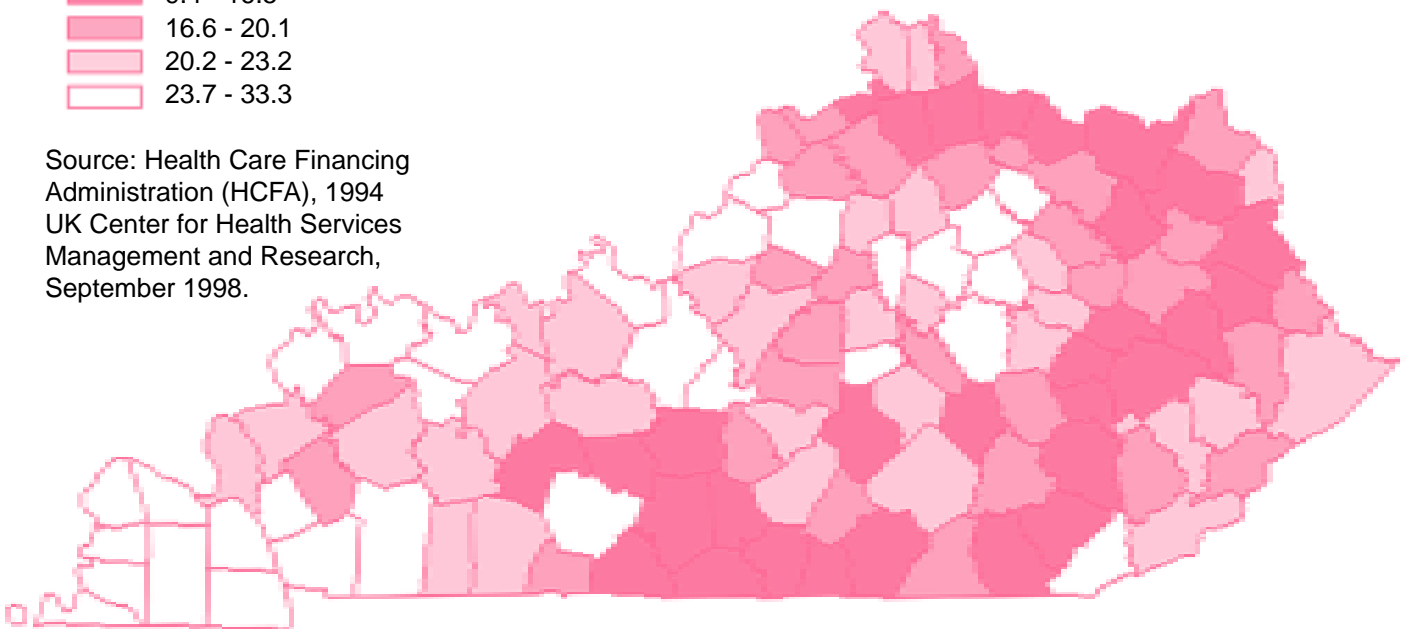


Figure 5: Percent of Kentucky Medicare Beneficiaries Receiving Mammograms by County, October 1994 - September 1995



Source: Health Care Financing Administration (HCFA), 1994
 UK Center for Health Services Management and Research, September 1998.



APPENDIX C

Glossary

Age-Adjusted Rate - When comparing differences in cancer rates among counties or Area Development Districts, it is preferable to use age-adjusted rates. The process of age adjustment removes differences in cancer incidence (or mortality) rates that are due to differences in the age distributions of the populations being compared. For example, if one county has a large proportion of older people, the county with more elderly people will have higher crude incidence rates. Age adjustment procedures correct for these differences in age structure so that valid comparisons can be made.

Cancer Care Continuum - the full continuum of care, including prevention, early detection, staging evaluation, initial and subsequent treatment, palliative care, supportive therapies, long-term follow-up, rehabilitation, psychosocial services, and hospice.

Genetic Counseling - counseling of patients on the purpose of genetic testing, limitations of the test, implications of both positive and negative results, confidentiality procedures, and psychological and social risks.

Genetic Testing - testing for genetic predisposition to breast cancer. Women who have inherited an altered BRCA1 or BRCA2 gene have an increased risk of developing breast cancer.

Incidence Rate - number of new cases of a disease that occur during a given time period divided by the total number of people in the population during the same time period.

In Situ - a cancer that is within the original tissue and has not yet broken through any boundaries between tissues.

Invasive Cancer - cancers that are capable of growing beyond their original site and invading neighboring or distant tissue.

Local Tumor - a tumor or other growth that is confined to one area.

Medically Indigent - people who cannot afford needed health care because of insufficient income and/or inadequate health insurance.

Modified Radical Mastectomy - surgery to remove the breast, skin, nipple, areola, and most of the axillary lymph nodes on the same side. The chest muscles are left intact.

Morbidity - the condition of being affected by a disease, illness, or symptoms.

Mortality Rate - number of deaths in a time period divided by the population at risk, times a power of 10.

Multidisciplinary Care - coordinated cancer care involving oncologic medical specialists (e.g., medical, radiation, and surgical oncologists), oncology nurses, psychosocial practitioners, and health educators.

Palliative Care - care that gives temporary relief from the symptoms of a disease but does not actually cure the disease.

Partial Mastectomy - surgery that removes only part of the breast in which the cancer occurs and a margin of healthy tissue around it.

Professionally Accepted Guidelines - guidelines accepted by health professional organizations

Protocol - a plan or specified course of treatment.

Psychosocial Services - services that include support groups; individual, family, peer, and pastoral counseling; and training in cancer-related self-advocacy.

Quality of Life - for cancer patients is defined in terms of the physical side effects, functional status, psychological morbidity, and social interaction preceding and following diagnosis, treatment and habilitation.

Rate - a ratio or proportion often expressed as a percentage (per 100) but which may also be expressed as per 1,000, per 10,000, or per 100,000.

Rehabilitative Services - services that include reconstruction; prosthetic devices; durable and disposable medical devices; and physical, occupational, and vocational therapies.

Staging - a method of describing the extent of cancer which is used to help determine the course of treatment. Staging is based on the size of the tumor, the involvement of lymph nodes, and whether there is any metastasis (distant spread).

Standards of Care - principles and practices that have been accepted by a health care profession, and that are expected to be applied to patient care under ordinary circumstances. Standards of care are developed from a consensus of experts, based on specific research (if available) and expert advice.

Support Services - services that include care coordination and support groups.

Total Mastectomy - surgery that removes the entire breast.

Underinsured - people with private or public insurance policies that do not cover all necessary health care services, resulting in out-of-pocket expenses that may exceed their ability to pay.

For more information about the Kentucky Breast Cancer Task Force, contact the Kentucky Cancer Program:
Markey Cancer Center, University of Kentucky, 800 Rose St., Lexington, KY 40536 (606) 323-6541
Brown Cancer Center, University of Louisville, 529 S. Jackson St., Louisville, KY 40202 (502) 852-6318