People with recurrent brain cancer, called glioblastoma multiforme (GBM), typically have 12 to 18 months survival, but immunotherapy — which is showing tremendous promise for many cancers — is now being tested against this cancer. The trial is testing a vaccine created with the patient's own tumor tissue. Immunotherapies are treatments that restore or enhance the immune system’s natural ability to fight cancer. In just the past few years, cancer immunology has produced several new methods of treating cancer that increase the strength of immune responses against tumors. Maine Medical Center is participating in this phase II randomized trial through its participation in the Alliance for Clinical Trials in Oncology.

“Clinical Trial Tests Immunotherapy in Recurrent Brain Cancer

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In this national study, immunotherapy is used to deliver specific tumor treatment while attempting to minimize toxicity. The vaccine is highly individualized, created from the patient’s own tumor, and it activates the immune system through several different mechanisms. This trial is looking at whether immunotherapy used as adjuvant therapy (in addition to the primary therapy of surgical removal) and in conjunction with standard care (a drug called bevacizumab, also known by its brand name, Avastin) can extend overall survival.

To be eligible for the study, patients must meet certain criteria. Patients are then randomly assigned to one of three groups: 1) vaccine administered with bevacizumab 2) vaccine followed by bevacizumab, or 3) bevacizumab therapy alone, which is the existing standard of care for recurrent glioblastoma. Patients receive the vaccine by injection in the arm.

Dr. Lu-Emerson expects to enroll just a few patients per year. For more information, contact her by email, cluemerson@mmc.org.
Units and departments across MMC are embracing Operational Excellence as a way to continuously improve patient care and reduce waste. Here’s a look at some of the work units are doing and the Key Performance Indicators (KPIs) they’re working on.

**NorDx Phlebotomists Are on Target With Blood Draws**

On May 19, Joel Botler, Chief Medical Officer, took a moment at executive huddle to celebrate the phlebotomists of NorDx. Dr. Botler says he appreciates and values the daily status report provided by NorDx management, which includes the total number of patients drawn by NorDx phlebotomists in the previous day’s 24-hour period, the current day’s morning sweep total, and the time at which the morning sweep is complete. He noted that the morning sweep is consistently complete by the time the huddle starts and added that this critical step is a huge contributor to smooth patient care across MMC. In the month of April the lab processed specimens for 20,826 MMC patients. This included 3,340 patients with stat orders and 5,364 patients with timed orders. Phlebotomists draw more than 50 percent of the census before 8:30 a.m. and commonly draw more than 600 patients in a full day.

Kudos, to the Lab as a whole, for all the hard work that leads to this success.

**Ambulatory Cardiac Care Unit (ACCU) Sees Waste in Disposable Blood Pressure Cuffs**

The ACCU is focusing on the amount of waste that comes from using disposable blood pressure cuffs on patients who are here for a short period of time as opposed to reusable cuffs. This KPI fits into the waste category of Inventory and Overproduction. The unit has two people develop a new KPI every month, and this KPI is being led by Kim Illig and Trudy Kent.

To collect data, we are gathering all the blood pressure cuffs at the end of each day and weighing them to get a cumulative total of waste for the month. This data will go on the run chart. They’re hoping to demonstrate the need for reusable BP cuffs for our same-day patients.

**P3CD “Just Do It” Promotes Better Recycling**

Employees of P3CD are also trying to reduce waste. Betsy Audette, Nursing Unit Supervisor, introduced the idea after having a conversation with other unit employees, and recycling was added to their “Just Do It” board.

While the team investigates more concrete ways to implement recycling, employees are stepping up their efforts to separate trash and recyclables and hold each other accountable. They remove cans and bottles from the regular trash and throw them in the unit’s only bottle recycling container, and make sure paper goes in the blue bins.

“We wish we had one-container recycling hospital wide,” says Michele Higgins, P3CD Nurse Manager. “A few people want to make bigger changes — more action to come!”

What’s Happening will follow up with the ACCU and P3CD to see how their projects are progressing.