

	EMDA	COMBAT
	ELETTROMOTIVE DRUG ADMINISTRATION: LOW INTENSITY ELECTRIC CURRENT INCREASES THE DIFFUSION OF DRUGS THROUGH THE UROTHELIUM, WHICH PERMEABILITY IS JUST INCREASED BY THE ELECTRIC FIELD CREATED THROUGH THE BLADDER WALL	HYPERTHERMIA: MITOMYCIN HEATED TO 43 ° C
DURATION OF THE TREATMENT	20 MINUTES	1 HOUR
NO. PATIENT/HOUR	3 PATIENTS/HOUR	1 PATIENT/HOUR
EASY HANDLING	3.5 KG (INCLUDING THE 10 BATTERIES)	9.6 KG
SAFETY	>SAFETY DEVICE OPERATED BY INTERNAL ELECTRIC SOURCE (BATTERY), ELECTRICAL RISK CLASS IES	< SAFETY DEVICE CONNECTED TO ELECTRICITY, ELECTRICAL RISK CLASS I, B
GUIDELINES	3 STUDIES MENTIONED <i>7.2.1.3.2 Electromotive drug administration</i> “The efficacy of MMC using electromotive drug administration (EMDA) sequentially combined with BCG in patients with high-risk tumours has been demonstrated in one small RCT [252].”	NO STUDIES MENTIONED <i>7.2.1.3.2 Device-assisted intravesical chemotherapy</i> <i>Hyperthermic intravesical chemotherapy</i> “Different technologies which increase the temperature of instilled MMC are available,

	<p>7.2.3 Combination therapy 7.2.3.1 Intravesical BCG plus chemotherapy versus BCG alone</p> <p>In a RCT using MMC with EMDA, a combination of BCG and MMC with EMDA showed an improved recurrence- free interval and reduced progression rate compared to BCG monotherapy [252]</p> <p>7.6.3 Treatment of BCG-unresponsive tumours, late BCG-relapsing tumours, LG recurrences after BCG treatment and patients with BCG intolerance</p> <p>Currently, several bladder preservation strategies are being investigated such as cytotoxic intravesical therapies [327-330], device assisted instillations [332]</p> <p>7.3 Intravesical chemoablation and neoadjuvant treatment</p> <p>In addition, hypothesis-generating findings from an older RCT comparing immediate pre-operative device-assisted (EMDA) MMC with post-operative SI with MMC and TURB only, showed improved long-term RFS among patients treated prior to TURB [306], and thus even suggest a long-term effect after neoadjuvant instillations.</p>	<p>however, data about their efficacy are still lacking"</p>
<p>COMBINATION THERAPY: MITOMYCIN + BCG</p>	<p>YES</p>	<p>NO</p>
<p>USE WITH OTHER DRUGS BESIDES MITOMYCIN</p>	<p>YES (CORTISONE, HYALURONIC ACID, SCOPOLAMINE BUTYLBROMIDE ...)</p>	<p>NO</p>
<p>NO. OF PATIENTS ENROLLED IN THE STUDIES (excluding studies on side effects only)</p>	<p>2703 (1904 * + 799 **)</p>	<p>715</p>

MEDIAN FOLLOW UP	12 MONTHS- 121 MONTHS	11 MONTHS- 32.2 MONTHS
NUMBER OF PUBLISHED STUDIES	47 (20 * + 27**) <p>PUBLISHED IN PRESTIGIOUS JOURNALS WITH A GREAT IMPACT FACTOR SUCH AS: LANCET ONCOLOGY, JOURNAL OF UROLOGY, CANCER RESEARCH...</p>	14 <p>PUBLISHED IN SUPPLEMENTS OR IN JOURNALS WITH LOW IMPACT FACTOR</p>
RCT	3	0
COMPARATIVE STUDIES: DEVICE VS MMC VS BCG	6 (TOTAL 1163 PATIENTS)	1 (TOTAL PATIENTS: 101)
ECONOMIC ADVANTAGES FOR THE NATIONAL HEALTH SYSTEM	DATA SHOW A POTENTIAL SAVINGS OF 56.5% IN 5 YEARS FOR REDUCTION OF RECURRENCES, PROGRESSION AND CYSTECTOMIES	NO DATA

*oncological

** functional urology