Electromotive Drug Administration for non-muscle invasive bladder cancer

Effective bladder instillation for Intermediate & High Risk patients

- More effective than Mitomycin (MMC) alone
- Sequential delivery of EMDA MMC & BCG more effective than BCG alone

Advantages of EMDA

- No incremental side-effects other than skin irritation
- Shorter instillation time of 30 minutes vs 2 hours with MMC alone
- Superior clinical outcomes

Effect of EMDA

Without EMDA:
Less MMC in the bladder wall

With EMDA:
More MMC in the bladder wall
Intermediate Risk

The Lancet Oncology September, 2011, Di Stasi et al
Electromotive instillation of mitomycin immediately before transurethral resection for patients with primary urothelial nonmuscle invasive bladder cancer: a randomised controlled trial, 7 year follow-up, 352 patients

High Risk

The Lancet Oncology, 2006, Di Stasi et al
Sequential BCG and electromotive mitomycin versus BCG alone for high-risk superficial bladder cancer; a randomised controlled trial. 7-8 year follow-up, 210 patients

BJUI Suppl. BAUS 2012, S. Amery, T. O’Brien et al.
Initial Experience with sequential BCG EMDA/MMC as the standard intravesical regimen for high risk non-invasive bladder cancer (NIMBC), 1 year follow-up, 30 patients

AUA 2012, Podium presentation 1670, S. Di Stasi,
Initial Intravesical sequential bacillus Calmette-Guérin and electromotive mitomycin versus bacillus Calmette-Guérin alone for stage pT1 urothelial bladder cancer, 16 years follow-up

Other indications EMDA

- Chronic Bladder Pain Syndrome / Interstitial Cystitis (+ Pentosan, Heparin or Cystistat)
- Cystostension (+ Lidocain)
- Overactive Bladder (+ Oxybutin)
- Non-infective Prostatitis (+ Lidocain, Epinephrine, Dexamethasone Sodium Phosphate)
- Infective Prostatitis (+ Gentamicin, Netilmicin, Amikacin)
- Pyronie’s Disease (+ Verapamil and Dexamethasone)