2. THE INTRODUCTORY AD

The 7-page introductory ad was thoroughly analyzed both as to copy content and layout. The following specific suggestions were made:

Dunning suggested that lack of toxicity be covered in the letter from Dr. McMaster.

Richardson, Jr. suggested that point #3 in the letter should be point #2.

Anderson suggested that we insert "excess" in front of "production" in 2nd sentence of letter.

Dr. Stormont questioned whether we could say—treatment of coronary artery disease as we do in the 1st sentence of the letter. He wondered if it might be confused as sole therapy—this will be checked out.

Dunning pointed out that we should always say inhibits "*excess* production of cholesterol"—this will be done.

Von Rosenstiel—p. 3 par. 2—why not paraphrase to get a stronger statement. This is a good point and we will rewrite it.

Chewning—shouldn't we also quote other authorities in addition to National Heart Institute? This will be checked out to see if we have other suitable authorities to quote.

Jacobs pointed out that p. 3 par. 5 does not give the dosage level used. This will be rechecked with the clinical paper.

Dunning wondered whether we couldn't use total numbers of patients and prepare our own charts. It was pointed out that we could not do this since we could not reference the data.

Von Rosenstiel wondered whether on p. 3 par. 4—the doctor will understand "conversion of acetate". This was a good point and the ad will be changed to read "decreases production of cholesterol in the body".

Anderson wondered if on p. 3 par. 4 we were making our statement strong enough. It was agreed that we probably were not and the sentence will be changed to read "acts by inhibiting * * *"

Richardson, Jr. pointed out that our ad shows reduction in conversion of acetate and he thought that we should also have one that shows reduction in cholesterol blood levels. This was agreed to and we can prepare one from p. 3 par. 5.

Von Rosenstiel pointed out that the fact that MER/29 does not reduce brain cholesterol is extremely important and should get greater emphasis.

Richardson, Jr. again raised the question that he was concerned that we might be over-claiming on patient benefit. He pointed out that our major proof was for cholesterol reduction and that safety was an important feature. However, our ad is devoted 50–50 to cholesterol reduction and other patient benefits with very little attention to safety. He said that our headlines concerning other benefits particularly bothered him. It was pointed out that we would give more prominence to safety although we didn't want to overdo it and that we would rework our headlines. However, we do not want to minimize the promise that MER/29 may, in some patients, in addition to reducing blood cholesterol, also result in beneficial effects on angina symptoms. Specific suggestions for doing this were made as follows:

Von Rosenstiel—pick headlines out of Hollander paper—the quote may go further than you want to but you can modify in body copy.

Getman pointed out that we were skeptical of riding one man's findings as headlines but we will recheck this possibility.

Stormont suggested that we modify our headlines on anginal patients by inserting "preliminary findings".

The layout of the ad was discussed and since we no longer plan to use the calligraphic man, we have quite a bit of free space on the border of our ad which could now be utilized for additional clinical quotes.

Dunning pointed out that in the summary section of the ad we might be in danger when we mention reduction of cholesterol in one week. This was agreed to and it will be changed to 2 to 3 weeks since there is no sense in running a risk when we don't have to.

Dunning also pointed out that on p. 7, item 2 thru 4 may not show up in 5 weeks—this will be changed.

The following additional general comments were made:

As an over-riding principle in our copy we should keep it as simple as possible since we don't know the extent of the average physician's understanding of