Mr. SEGGEL. I don't know about that. But I know that we have additional means of getting information to the physician. FDA—I think Dr. Edwards, the Commissioner of Food and Drug, mentioned it in his testimony—has launched a broad set of endeavors to get the message to the physicians as well as to the patients. I mentioned some of these later on in my prepared statement.

Senator NELSON. You know perhaps much better than I the difficulty of getting the educational information out when you have to compete with the "educational information," in quotes, coming from the drug companies.

But here is a paper entitled "Market Research Summary of Physicians' Attitudes Toward Antibiotics," a study that was done in behalf of the Lilly Co., and which I shall insert in the record. I will just read part of it to you to give you some idea of what your competition is in the field of education. This was sent to detail men to advise them how to deal with some of these problems. This particular drug under section IV says, "Determinants affecting choice of Ilosone." That is what they are sending to their detail men.

The physicians' study reveals that Ilosone is not differentiated from other erythromycins by most physicians. It shares the dominant image characteristic of all erythromycins in regard to main uses, safety, efficacy, and spectrum. There is only a minority awareness and belief in Ilosone's advantages of absorption, blood levels, and acid stability. In terms of market impact, however, this lack of brand differentiation is counterbalanced by an even smaller minority awareness and concern about Ilosone's associations with liver toxicity. Among the relatively small group of physicians with awareness of Ilosone's liver toxicity side effects, there are two basic reactions:

Users rationalize Ilosone's side effects in various ways, and generally attach little significance to it.

For a small but potentially influential group of nonusers, past users, or cautious occasional users, this concern is a serious deterrent. Even more detrimental, this group may be spreading negative word-of-month far beyond its numerical size.

Ilosone is favored by regular users mainly because of their loyalty to Lilly and their perception of absorption advantages (patient-proof, reliable, etc.). About one in ten physicians in the groups saw Ilosone as superior because of faster, higher, or longer-lasting blood levels and better absorption. Among those who use it, fear of side effects reinforced expectations of therapeutic potency.

Physician attitudes regarding Ilosone, as outlined, suggest certain marketing implications which are summarized below:

(A) Ilosone is not substantially differentiated from other erythromycins. Thus, Lilly can promote Ilosone as an erythromycin which conveys safety. However, there exists a responsibility to adequately inform those physicians who are unaware of the infrequent side effects. A delicate balance is required so as not to raise unnecessary concern among those physicians who are not generally concerned about the jaundice problem.

(B) The relatively low overt concern regarding Ilosone's side effects may be taken as evidence for a positive attitude regarding the detailing of this product by the sales force.

(C) Selective detailing may be required to avoid the discussion of Ilosone with any physician who is aware of and concerned about liver toxicity side effects. Where there is any awareness of Ilosone's liver toxicity associations, the known availability of a "safe alternative like Erythrocin" is competitively decisive.

(D) By not attempting to further differentiate Ilosone from other erythromycins, Lilly may capitalize on its strong reputation in the antibiotic field to increase Ilosone use as total erythromycin use increases.

I will ask that the whole memorandum be printed in the record.