Proofreading sample: HCP promotional layout versus approved copy deck

Scientific & medical editing portfolio · fidelity proofing of regulated promotional material

WHAT THIS SAMPLE IS

This is a self-constructed demonstration of layout-versus-deck proofreading, the fidelity check performed before a healthcare-professional (HCP) promotional piece is released. Both documents were authored by the editor: a one-page copy deck (the approved source text) and a one-page HCP web-page layout built from it. The layout contains **14 deliberately planted discrepancies** against the deck. The annotated layout shows each one identified on review.

> The errors were planted on purpose. They reflect the classes of discrepancy that arise in real production when approved copy is rekeyed or reflowed into a design: transposed figures, reversed values, altered dosing, dropped reference markers and trademark symbols, omitted fair-balance text, and spelling slips. No client material was used, and no real person introduced these errors.

SOURCES AND SCOPE

All clinical figures derive from the public Health Canada product monograph for ELIQUIS® (apixaban), submission control 288960, dated January 10, 2025, and from the ARISTOTLE trial (Granger CB, et al. N Engl J Med. 2011;365:981-992). The therapeutic area was chosen to be unrelated to any client work. Spelling follows the product monograph's conventions. This piece is a training artifact, not promotional material, and is not for distribution.

METHOD

The copy deck was locked as the source of truth. Discrepancies were placed by a randomized draw across three severity classes, then proofed against the deck. In addition to the 14 planted items, the review queried three instances of layout copy not present in the deck (the section headings) for approval, rather than silently changing them. Querying unapproved copy instead of altering it is the correct handling in regulated promotional review.

DISCREPANCY LOG

#	Location	Class	Deck (correct)	Layout (as built)
1	Headline	**Typographic**	non-valvular	non valvular (hyphen dropped)
2	Subhead	**Moderate**	ELIQUIS®	ELIQUIS (® dropped)
3	Efficacy, claim 1	**Critical**	hazard ratio 0.79	hazard ratio 0.97
4	Efficacy, claim 2	**Critical**	2.13% ELIQUIS vs 3.09% warfarin	values interchanged (3.09% vs 2.13%)

5	Efficacy, claim 3	**Typographic**	warfarin	warfrin
6	Dosing, standard dose	**Critical**	5 mg twice daily	5 mg once daily
7	Dosing, reduced-dose intro	**Typographic**	characteristics	charateristics
8	Dosing, age criterion	**Typographic**	Age ≥ 80 years	Age ≥ 80 yeras
9	Dosing, creatinine criterion	**Moderate**	Serum creatinine ≥ 133 µmol/L	≥ 113 µmol/L
10	Safety, adverse-reaction list	**Moderate**	epistaxis (6.2%)	epistaxis (6.8%)
11	Safety, contraindication line	**Typographic**	clinically significant	clinicaly significant
12	Safety, fair-balance line	**Critical**	"Please consult the Product Monograph for complete safety information."	entire sentence omitted
13	Reference 1	**Moderate**	January 10, 2025	January 10, 2024
14	Reference 2	**Moderate**	365(11):981-992	365(11):891-992

Self-authored portfolio exercise. Figures trace to the public ELIQUIS® product monograph (Health Canada, control 288960). Not promotional material; not for distribution. The package that follows contains this note, the copy deck, and the annotated proof.

COPY DECK · SOURCE OF TRUTH · DECK V1

ELIQUIS® (apixaban) — HCP web page

Audience: healthcare professionals (Canada) | Piece: HCP website, efficacy page | Self-authored mock from the public Health Canada product monograph

HEADLINE

Proven stroke prevention for your patients with non-valvular atrial fibrillation[1]

SUBHEAD

ELIQUIS® (apixaban) reduced the risk of stroke and systemic embolism versus warfarin, with less major bleeding.[1,2]

EFFICACY

- In the ARISTOTLE trial, ELIQUIS reduced the risk of stroke or systemic embolism by 21% versus warfarin (hazard ratio 0.79; $p<0.0001$).[2]
- Major bleeding occurred in 2.13% of patients per year with ELIQUIS versus 3.09% per year with warfarin (HR 0.69).[1,2]
- Fatal bleeding occurred in 0.06% of patients per year with ELIQUIS versus 0.24% per year with warfarin.[1]

DOSING

- Recommended dose: 5 mg taken orally twice daily.[1]
- Reduced dose: 2.5 mg twice daily in patients with at least two of the following characteristics:
  - Age ≥ 80 years
  - Body weight ≤ 60 kg
  - Serum creatinine ≥ 133 µmol/L (1.5 mg/dL)[1]

SAFETY / FAIR BALANCE

- The most common adverse reactions (≥ 2%) in patients with atrial fibrillation were: epistaxis (6.2%), contusion (5.0%), hematuria (3.7%), hematoma (2.6%), eye hemorrhage (2.3%), and gastrointestinal hemorrhage (2.1%).[1]
- ELIQUIS is contraindicated in patients with active clinically significant bleeding and in patients with hypersensitivity to apixaban.[1] Please consult the Product Monograph for complete safety information.

REFERENCES

1. ELIQUIS® (apixaban) Product Monograph. Bristol-Myers Squibb Canada / Pfizer Canada. January 10, 2025.

2. Granger CB, et al. Apixaban versus warfarin in patients with atrial fibrillation. N Engl J Med. 2011;365(11):981-992.

Mock training document built for a portfolio proofreading exercise. All figures trace to the public ELIQUIS® product monograph (Health Canada, control 288960). Not promotional material; not for distribution.

Proven stroke prevention for your patients with non valvular atrial fibrillation[1]

ELIQUIS (apixaban) reduced the risk of stroke and systemic embolism versus warfarin, with less major bleeding.[1,2]

PROVEN EFFICACY IN ATRIAL FIBRILLATION

In the ARISTOTLE trial, ELIQUIS reduced the risk of stroke or systemic embolism by 21% versus warfarin (hazard ratio 0.97; p<0.0001).[2]

Major bleeding occurred in 3.09% of patients per year with ELIQUIS versus 2.13% per year with warfarin (HR 0.69).[1,2]

Fatal bleeding occurred in 0.06% of patients per year with ELIQUIS versus 0.24% per year with warfrin.[1]

DOSING & ADMINISTRATION

Recommended dose: 5 mg taken orally once daily.[1]

Reduced dose: 2.5 mg twice daily in patients with at least two of the following charateristics:

- Age ≥ 80 yeras
- Body weight ≤ 60 kg
- Serum creatinine ≥ 113 µmol/L (1.5 mg/dL)[1]

SAFETY & FAIR BALANCE

The most common adverse reactions (≥ 2%) in patients with atrial fibrillation were: epistaxis (6.8%), contusion (5.0%), hematuria (3.7%), hematoma (2.6%), eye hemorrhage (2.3%), and gastrointestinal hemorrhage (2.1%).[1]

ELIQUIS is contraindicated in patients with active clinicaly significant bleeding and in patients with hypersensitivity to apixaban.[1]

References

1. ELIQUIS® (apixaban) Product Monograph. Bristol-Myers Squibb Canada / Pfizer Canada. January 10, 2024.
2. Granger CB, et al. Apixaban versus warfarin in patients with atrial fibrillation. N Engl J Med. 2011;365(11):891-992.

Mock HCP web page built for a portfolio proofreading exercise. Figures derive from the public ELIQUIS® product monograph (Health Canada, control 288960). Not promotional material; not for distribution.