Reviewer’s report

Title: Optimal treatment of opioid induced constipation in daily clinical practice - an observational study

Version: 0 Date: 09 Sep 2018

Reviewer: Katherine Clark

Reviewer’s report:

Thank you for allowing me to review this paper. While I congratulate on this piece of work, I have some concerns as I have have tried to summarise here.

Page 3, line 7: "A nontransient side effect of opioids is constipation[3].” I have checked this reference and it is drawn from a non-systematic review and this statement is in the review, not referenced. I would prefer a more robust referencing of the literature.

What is the definition of opioid-induced constipation used for this paper? I am a bit concerned of the absence of this and the fact that the multiple factors that might lead to constipation in cancer patients has been minimised. Opioid-induced constipation requires a change in bowel habits once opioids were commenced with other factors considered and addressed including issues such as pelvic floor dysfunction, idiopathic slow transit, adverse effects of concurrent medications etc. While the fact that there may be multiple causes, the proffered list was very short and only mentioned in passing?

My other major issue is that how OIC was diagnosed is very vague. A consensus definition of OIC includes reduced frequency of spontaneous bowel movements; development or worsening of straining to pass bowel movements; a sense of incomplete rectal evacuation; or harder stool consistency. Were all these variables included? What was the diagnostic criteria used for the study? How consistently did the clinicians adhere to this? From my reading, mostly the data collection focused on the pattern of bowel habits but as we all know, constipation symptoms are highly subjective.

With regards to the study methods, there was a prospective component. I am assuming that entry onto the study was pragmatic with only patients for who it was considered safe to prescribe methynaltrexone included?

I think the paper would be strengthened by the discussion containing a clearly defined strengths and weaknesses section. I do think that this is an interesting piece of work but it is really correlating opioids with laxatives and bowel actions. There is no subjective component and we cannot understand patients' experiences. In my reading, this is a major gap and I think requires acknowledgement and discussion.
The other point that I think requires attention is the small number of people who progressed to methylnaltrexone. Does this reflect the fact that many had contraindications to the medication or that people were not seeking further assistance with their symptoms?

**Are the methods appropriate and well described?**  
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**  
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**  
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**  
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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