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Author's Response

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Author's Response

To the Editor:

We thank the reader for pointing out this important issue in our previous meta-analysis. [1] We wish to clarify that we have included both Michna *et al* [2] and Iyer *et al* [3] albeit being the same study because one of the secondary outcomes in the meta-analysis is "change in pain scores" and the data for this outcome was provided only by the latter article. We have not included the data from latter study for assessment of any other outcomes. Similarly, Thomas *et al* [4] and Chamberlain *et al* [5] although are the same studies, the data on another secondary outcome, "Time to achieve rescue free bowel movement" was not stated clearly in the former article for placebo group unlike the latter and so it was included for this outcome analysis and the reported pooled estimate for this outcome was not significantly different from placebo for subcutaneous methyl naltrexone. However, after the reader's letter, we realized that we have erroneously used the data from both these articles for the analysis of "number of patients achieving rescue free bowel movement". Hence, we carried out a revised analysis on the pooled estimates with exclusion of the latter data from Chamberlain *et al* [5] for the assessment of primary outcome and the odds ratio [95% confidence interval] for subcutaneous methyl naltrexone was observed as 6.88 [2.79, 16.99] as against the previous reporting of 7.02 [4.26, 11.57]. Similarly, in the sub-group analysis for cancer patients, the revised pooled estimate for subcutaneous methyl naltrexone has been observed as 8.29 [5.14, 13.35] as against the previous reporting of 7.4 [4.9, 11.2] for number of patients with rescue free bowel movement. Also, revised assessment of funnel plot also revealed two missing studies as in the case of earlier report. Hence, the interpretation and final conclusion on the efficacy of subcutaneous methyl naltrexone is still valid and we intend to carry out the necessary changes as an *errata* to the previous meta-analysis. We once again thank the reader for raising this issue and we sincerely regret for the error committed in the previous meta-analysis.

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