better understanding of these features could allow this symptom to be easily and quickly detected. **Aim:** Identify the influence of the 3 diagnostic axes in the perception of Cons. **Methods:** Prospective observational study on an unsampled sample of advanced cancer pts. Inclusion criteria: Pts diagnosed of advanced cancer, age ≥ 18y. No specific oncologic diagnosis in 15 days prior inclusion. Cognitive ability to give information of their depositional habit. Dependent variable was Felling Cons (FC)(yes,not). For the assessment of the Axis 1 (Bristol scale), Axis 2 (No depositions/wk), Axis 3 (difficulty in rectal passing of faeces (0-10). Degree of Cons (DC) was also assessed (0-10). Statistics: Person Correlation was calculated for each Axis and FC; Logistic regression looking for the explanation of faeces consistency by Bristol scale explains well the perception of Cons. **Conclusions:** 6 over 12 OIBDS evaluated have a P >25%. Constipation is the most severe and prevalent S, and 8/10 pat. suffering laxatives suffer constipation. New approaches to treat OIBD are required.