Primary liver cancer (PLC) is an increasingly critical healthcare issue throughout the world, in part because of widespread hepatitis B and C virus (HBV and HCV) infections, excessive alcohol consumption, and continuing obesity (Sherman, 2004). Globally, PLC ranks sixth and third on the lists of cancer morbidity and mortality, respectively, with an estimated 748,000 patients newly diagnosed with PLC in 2008 and 696,000 deaths occurring, 85% of which were found in lesser-developed countries (Jemal, Center, DeSantis, & Ward, 2010). Of note, more than 50% of the worldwide cases of PLC occur in China (Jemal et al., 2010), where PLC ranks third in cancer incidence and is the second-leading cause of cancer death (Ministry of Health of the People’s Republic of China, 2011). These dismal statistics mirror the reality that PLC often is diagnosed at an advanced stage with a poor prognosis. Patients with PLC suffer from an array of symptoms caused by the cancer itself and its treatments, such as pain, fever, anorexia, mood disorders, and fatigue (Bianchi et al., 2003; Zhu, 2003). In clinical practice, these symptoms seldom occur individually but usually appear in groups or clusters. The co-occurrence of multiple symptoms, in comparison to that of a single symptom, may lead to a prolonged delay in scheduled treatments and effectiveness of treatment protocols and a more rapid decline in a patient’s quality of life (QOL). However, only a limited number of studies in the literature have addressed symptom clusters in patients with PLC; therefore, this area should be further explored to develop more efficient and effective approaches to symptom management for patients with PLC.

Considering the large population of patients with PLC in China and the benefits of alleviating their multiple symptoms, the authors conducted a study to explore symptom cluster profiles in Chinese patients with PLC. The main objectives of this study were to identify symptom clusters and their clinical meanings in Chinese patients with PLC, to examine the factors related to severity and magnitude, and to determine the predictive impact of identified symptom clusters on patients’ quality of life (QOL).