patients. This memorandum wants to point out the missing difference in TTSP and encourage clinicians to discuss both courses with their patients.

**Conflict of interest**

The author declared that he does not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

**References**


**Reply to: “Sorafenib prolongs survival, but what happens to the symptoms?”**

**Time to symptomatic progression as an end point in therapeutic trials for hepatocellular cancer**

*To the Editor:*

The main focus of our paper concerns the potential role of cytotoxic chemotherapy, which needs to be considered in the context of other standards of care [1]. As stated, the current standard of care for advanced HCC is sorafenib. An exhaustive review of the SHARP [2] and AP [3] trial data was not within the scope of our review since these have been covered extensively in previous publications. We do, however, highlight both the survival benefit and the toxicity associated with sorafenib. Survival remains the primary end point for most phase III trials and is both robust and, as Dr. Strebel points out, relevant to patients. Similarly, the assessment of toxicity using National Cancer Institute's Common Terminology Criteria is well validated. However, the assessment of time to symptomatic progression (TTSP) was done using change in performance status and the Functional Assessment of Cancer Therapy (FACT) Hepatobiliary Symptom Index 8 (FHSI-8). The FHSI-8 is a tool developed to assess symptoms in hepatobiliary cancer patients in general and is not specific for HCC patients. It has been validated in only one small study of 51 patients of which only 10 had HCC [4]. Furthermore, the ability of the tool to detect clinically meaningful changes over time has not been determined. Although TTSP was a primary end point, the trial was not specifically powered to detect a difference in TTSP. Hence, the lack of difference between the control and treatment group may be due to the use of an insensitive tool, lack of statistical power or real.

In discussing the option of sorafenib with patients, it is clearly important to fully inform them of the known benefits and the main toxicities. However, unless the patient has to pay personally, we do not agree that patients with advanced cancer should be advised of the cost of the treatment. Such information implies that the patient must judge whether their life is worth the cost. We believe the question of cost-effectiveness is one for the healthcare providers.

**Conflict of interest**

The authors declared that they do not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

**References**