

Psycho-oncological Interventions in Geriatric Hematology: Enhancing Quality of Life

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Background: Older adults with hematologic malignancies face substantial psychological distress related to chronic disease trajectories, treatment burden, frailty, and prognostic uncertainty. Accumulating evidence from geriatric oncology demonstrates that comprehensive geriatric assessment (CGA)-based approaches can improve health-related quality of life (HRQoL) and patient-centered outcomes, even when survival benefits are limited. Despite this, structured psycho-oncological interventions remain underutilized in geriatric hematology care.

Objectives: This presentation aims to (1) characterize the burden and sources of psychological distress among older patients with hematologic malignancies; (2) review evidence supporting psycho-oncological and CGA-informed interventions; and (3) propose an integrated psycho-oncological care framework to enhance HRQoL in geriatric hematology.

Methods: We synthesized evidence from randomized controlled trials of CGA-based interventions, observational studies assessing distress, depression, anxiety, and HRQoL in older patients with hematologic malignancies, and mixed-methods research on patient and caregiver experiences. Distress screening using the NCCN Distress Thermometer and validated HRQoL instruments underpins the proposed intervention model. Multiple myeloma is presented as a representative example of an age-associated hematologic malignancy with a prolonged and relapsing disease course.

Results: Across studies, a substantial proportion of older patients with hematologic malignancies experience clinically significant distress, frequently accompanied by depressive symptoms, functional limitations, and impaired HRQoL. CGA-based and integrated care models consistently demonstrate improvements in HRQoL, communication, and goal-concordant care. Findings from representative diseases such as multiple myeloma illustrate how chronicity and treatment complexity amplify long-term psychosocial and caregiver burden.

Conclusions: Psycho-oncological interventions integrated with geriatric assessment constitute a key strategy for improving HRQoL and dignity-preserving care in geriatric hematology. Embedding structured, longitudinal psycho-oncology within routine hematologic care—while considering representative age-related malignancies—may better address the complex and evolving needs of older patients and their caregivers.