This issue of *Psychiatric Annals* was shaped by guidance criteria developed by the National Cancer Survivorship Resource Center (NCSRC), a collaboration between the American Cancer Society (ACS) and The George Washington University Cancer Institute, funded by the Centers for Disease Control and Prevention. Our three foci are: chronic disease and adaptation to chronic stress; survivorship and the cancer care continuum; and psychiatric treatment and modifications needed for severe illness.

Louis T. Joseph, MD, and colleagues describe an elderly couple with disrupted communication in their relationship as a result of her cancer (see page 427).

The article on distress, co-authored by myself, Mandi Pratt-Chapman, MA; Julie A. Noblick, MPH; and Rebecca Cowens-Alvarado, MPH, provides a road map for differentiating distress from depression (see page 433).

Next, Anton C. Trinidad, MD, et al examine the use of cognitive behavioral therapy (CBT) in cancer (see page 439). This provides the foundation for the remaining cases by describing the use of an evidence-based modality and its modification for the cancer patient.

Another case from Dr. Trinidad and colleagues illustrates the various complexities a psychopharmacologist must consider when prescribing medications to patients with cancer (see page 443).

James L. Griffith, MD, and colleagues focus on the experience of a young adult survivor of pediatric cancer (see page 447). In this case, the reader will appreciate how cancer can leave the patient and family vulnerable to future psychiatric disorders.

The final case by Kathryn S. Walseman, MD, and colleagues explores therapy for cancer patients experiencing high levels of demoralization, and difficulty in defining life’s meaning for themselves and their families (see page 450).

In addition to the clinical cases, we have included a supplemental section by Julie A. Noblick, MPH, on financial concerns in cancer care. Understanding how the stress of managing financial difficulties can adversely affect patients’ ability to cope is essential in helping them progress along the cancer care continuum (see page 456).

I wish to thank my Assistant Editor, Louis T. Joseph, MD, who guided the case selection and helped frame the overall themes for this issue; senior program associate, Julie A. Noblick, MPH, whose help and attention to detail were essential to meeting our deadlines; and the entire GWU psychiatry residency, as they truly went above and beyond to make this issue a compelling read.

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about the guest editor