0.1mm in diameter or multiple smaller nerves. Additionally, if your patient is immunocompromised, early referral is imperative.

Have we got it all or could the skin cancer to come back?

Even with reported 'clear' histological margins it is important for patients to realise that tumour recurrence is possible, so they can be vigilant of any change within or close to their excision scar.

It is helpful to ask your pathologist to routinely provide you with actual histological clearance margins in millimetres for KC, so you can judge yourself whether a wider excision may in fact be warranted.

Whether the KC margins are adequate is often an educated guess on the part of the treating doctor that will be made in light of the following information (see: Prognosis):

- tumour margin in millimetres provided by the histopathologist
- histological subtype in the case of a BCC
- the degree of differentiation in the case of a cSCC
- presence of associated perineural invasion
- size, depth and anatomical site of the tumour
- whether the patient is immunocompromised.
- whether the tumour is recurrent.

See: Table 4.1 in Prognosis of BCC and Table 4.3 Prognosis of cSCC.

If you judge that a wider excision or a second opinion is warranted, explanation (with the use of a descriptive diagram) of how their specimen has been assessed in the laboratory is often helpful for your patient. Explain that the specimen is cut into three or four larger pieces that are then embedded in wax so that a few very thin slices (4µm; four thousandths of a millimetre thick) can be shaved off with a microtome and then reviewed under the microscope after staining. This is referred to as 'breadloafing' of the specimen and means that only a few ultra-thin slices (and perhaps less than 0.1% of the perimeter) of the tumour are in fact examined on histology.

Armed with this information, your patient will understand that the clearance margin reported is not representative of the entire tumour and that it is quite possible for a histology report to claim that 'the tumour appears completely excised' even though there is residual tumour left behind. This will be important for higher risk tumours.

I don't use sunscreen because it feels unpleasant/causes low vitamin D/contains dangerous nanoparticles

Research confirms that daily, rather than discretionary, sunscreen use reduces the risk of AK and prevents skin cancer. Patients are often keen to start daily sunscreen when you present the evidence, though some raise concern about the thick sticky feel of sun screen, the fear that it will lower their vitamin D levels, or concern that the nanoparticles most sunscreens contain may be dangerous.

Responding to concerns about the consistency or feel of sunscreen

If your patient is not going to be sweating or swimming, an option is to use a lighter-weight non-waterproof sunscreen. This may be an ideal option for the indoor worker wishing to protect themselves while driving to and from work and for brief outdoor lunchtime or after-school activities.

Responding to concerns about vitamin D deficiency

Studies show that people who spend time outdoors with sunscreen on are more likely to have normal and high