First Lady Jill Biden Has Cancerous Lesions Removed

The lesions were identified as basal cell carcinoma, a common form of skin cancer. Post-procedure, Jill Biden was “in good spirits.”

January 19, 2023 By Laura Schmidt

First Lady Jill Biden had several cancerous lesions removed during an outpatient visit at Walter Reed National Military Medical Center last Wednesday, according to CNN. The lesions were identified as basal cell carcinoma and removed via a procedure called Mohs surgery.

“All cancerous tissue was successfully removed, and the margins were clear of any residual skin cancer cells,” wrote White House physician Kevin O’Connor, DO, in a letter. “We will monitor the area closely as it heals but do not anticipate any more procedures will be needed.”

The first lesion, one above her right eye, was found during a routine skin cancer screening; a second lesion on her chest was discovered during a preoperative consultation, and a third one was found during the procedure to remove the first two. All were removed via Mohs surgery, in which doctors cut away a thin layer of skin and look closely for signs of cancer. If cancer is detected, then another layer of skin is removed; the procedure is repeated until no cancer is found.

According to the Skin Cancer Foundation, the surgery is considered the most effective technique for treating the two most common forms of skin cancer: basal cell carcinoma and squamous cell carcinoma.

President Joe accompanied his wife to the procedure.

“As anticipated, the First Lady is experiencing some facial swelling and bruising but is in good spirits and feeling well,” O’Connor noted.

The Bidens, who lost their son Beau to brain cancer, have been cancer advocates for years. In 2016, while serving as vice president, President Biden launched the federal Cancer Moonshot initiative, which aims to cut the cancer death rate in half in the next 25 years and, as the president put it, “end cancer as we know it.” For more related articles, click #Joe Biden.

To read more about skin cancer, click #Skin Cancer or visit Cancer Health Basics on Skin Cancer for more information on the most frequently diagnosed type of cancer in the United States. It

reads in part:

> What is skin cancer?
>
> Cancer develops when cells grow out of control. Skin cancer is the most frequently diagnosed type of cancer. Basal and squamous cell skin cancers are most common and are usually treatable. Melanoma is less common but more likely to spread and become life-threatening. Other cancers that affect the skin include Merkel cell carcinoma, some types of lymphoma and Kaposi sarcoma. (See separate Cancer Health Basics about melanoma, lymphoma and Kaposi sarcoma.)
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> Basal and squamous cell skin cancers typically develop in areas exposed to the sun, but they also can occur elsewhere. Squamous cells make up the upper layer of the skin, or epidermis, while basal cells are found further down. As cancer progresses, it may involve the underlying deep layer of the skin, or dermis.
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> Melanoma affects melanocytes, or pigment-producing cells in the skin. Merkel cell carcinoma involves neuroendocrine cells in the skin. Kaposi sarcoma, a cancer of the lining of blood and lymph vessels, can occur anywhere in the body but often appears as skin lesions.
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> What are the symptoms of skin cancer?
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> Unusual changes in the skin may be a sign of skin cancer. Signs of squamous and basal cell cancer may include:
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> - Pale or yellow flat patches that resemble scars
> - Red, scaly or itchy patches
> - Shiny pink or red or pearly bumps
> - Growths with raised edges and a depression in the center
> - Open sores with oozing or crusted areas
> - Sores that don’t heal or keeping coming back
> - Wart-like growths.
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> Some squamous and basal cell cancers are flat and look similar to normal skin. New or changing moles may be a sign of melanoma and should be reported to your doctor.
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> Basal cell cancers usually do not spread beyond the skin. Squamous cell cancers are more likely to spread, but this is still uncommon. Melanoma is most likely to spread to other parts of the body, a process known as metastasis. Imaging scans may be done to see how much the cancer has progressed.

How is skin cancer treated?

Treatment for skin cancer depends on the type of cancer, how advanced it is when detected and whether it has spread to other parts of the body.

Surgery: Small and localized skin cancers can often be surgically removed; this is known as resection. Depending on how large and deep the tumor is, it may be possible to remove it at a doctor’s office.

Local therapy: Areas of abnormal skin may be destroyed using a variety of methods, including cryotherapy (freezing), photodynamic therapy (a drug activated by lasers) or topical medications.

Radiation: Radiation may be used to kill cancer cells that remain after surgery. It may also be used for tumors that are hard to remove or for people who should avoid surgery.

Chemotherapy: Traditional chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects like nausea and hair loss. Basal cell skin cancer seldom requires systemic chemotherapy, but it may be used to treat squamous cell cancers that have spread.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth. Rare cases of advanced basal cell cancer may be treated with targeted therapy.

Immunotherapy: This type of treatment helps the immune system fight cancer. Medications known as immune response modifiers are sometimes applied to skin cancers to boost the immune system’s response. Checkpoint inhibitors and other types of immunotherapy are generally not used for common skin cancers, but they can be effective for advanced melanoma.
