

Sarah Huckabee Sanders in Recovery After Thyroid Cancer Surgery

Former White House press secretary and Arkansas governor hopeful Sarah Huckabee Sanders had her thyroid and surrounding lymph nodes removed.

September 21, 2022 By Laura Schmidt

After learning she had [thyroid cancer](#), former White House press secretary and Arkansas Republican gubernatorial nominee Sarah Huckabee Sanders underwent surgery to remove her [thyroid](#) and surrounding [lymph nodes](#).

Sanders is in recovery at home and plans to resume campaigning “soon,” according to a statement by her communications director, Judd Deere.

“By the grace of God, I am now cancer-free,” Sanders said in the statement. “I want to thank the Arkansas doctors and nurses for their world-class care, as well as my family and friends for their love, prayers and support.”



[View this post on Instagram](#)

A post shared by Sarah Huckabee Sanders (@sarahhuckabeesanders)

One of Sanders's doctors, John R. Sims, PhD, a surgeon at CARTI Cancer Center in Little Rock, said Sanders's cancer was the most common type of thyroid cancer—Stage I papillary thyroid carcinoma—and that she had an “excellent” prognosis.

Sanders served as press secretary in the early years of the Trump White House. She's not the only member of that administration diagnosed with thyroid cancer. Earlier this year, [Jared Kushner disclosed](#) in a memoir that he has been undergoing treatment for thyroid cancer since 2019.

Located at the base of the neck and shaped like a butterfly, the thyroid gland plays an important role in regulating metabolism, body temperature, growth and body development by constantly releasing thyroid hormones into the bloodstream. About 1.2% of men and women will be diagnosed with thyroid cancer during their lifetime, according to data from the [National Cancer Institute \(NCI\)](#).

What's more, the NCI estimates that about 43,800 people will be diagnosed with thyroid cancer in the United States this year, leading to nearly 2,230 deaths. This accounts for 2.3% of all diagnosed cancer cases and 0.4% of all cancer deaths.

In 2019, about 915,700 people were estimated to be living with thyroid cancer, according to NCI surveillance information. Data from 2012 to 2018 show that the five-year relative survival rate—meaning the proportion of people alive five years after their diagnosis—is 98.4%.

There are four main types of thyroid cancer. The most common in the United States is papillary thyroid cancer (PTC), which makes up about 80% of all thyroid cancers, followed by follicular thyroid cancer (FTC), which accounts for about 15%. Both types grow slowly.

The standard treatment for PTC and FTC involves [surgical options](#) that include total thyroidectomy, which removes the thyroid gland entirely, or lobectomy, which is used to treat low-risk lesions and removes only part of the gland.

Cancer Health's [Thyroid Cancer Basics](#) offers more information on this type of cancer:

Women are more likely than men to develop thyroid cancer, accounting for nearly three quarters of all cases. Women are also more likely to develop thyroid cancer in their 40s and 50s, while men typically do so at age 60 or older.

Genetics and family history are risk factors for some types of thyroid cancer. Radiation exposure, including receiving medical radiation for diagnosis or treatment during childhood, increases thyroid cancer risk. Low iodine in the diet is a risk factor in some parts of the world.

Any of the following signs and symptoms might mean thyroid cancer is developing:

- A lump in the neck that grows quickly
- Swelling in the neck
- Pain in the front of the neck
- Hoarseness or changes in the voice
- Difficulty swallowing
- Difficulty breathing
- A persistent unexplained cough.

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