



U.S. Department of Justice Office of the Inspector General

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DOJ OIG Releases Report Evaluating the Federal Bureau of Prisons' Colorectal Cancer Screening Practices for Inmates and Its Clinical Follow-up on Screenings

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Department of Justice (DOJ) Inspector General Michael E. Horowitz announced today the release of an [evaluation of the Federal Bureau of Prisons' \(BOP\) colorectal cancer \(CRC\) screening practices for inmates and its clinical follow-up on positive](#) screenings. The DOJ Office of the Inspector General (OIG) found several serious operational and managerial deficiencies that the BOP must address to ensure that inmates receive proper screening and treatment for CRC. The failure to provide annual CRC screenings as directed by BOP clinical guidance creates higher risks and potentially poorer clinical outcomes for inmates and can result in substantially increased healthcare costs for the BOP. We initiated this evaluation following issues identified during prior unannounced inspections of BOP institutions as well as the deaths from colorectal cancer of two BOP inmates, Robert Hanssen and Frederick Bardell.

Former FBI agent Robert Hanssen, one of the BOP's highest profile inmates who was convicted of espionage and sentenced to life in prison, died of metastatic colon cancer in June 2023. [Hanssen had multiple positive CRC screening results while incarcerated, yet he never received a colonoscopy or a CRC diagnosis.](#) In February 2021, [Frederick Bardell died of metastatic colon cancer 9 days after being released from the BOP following a compassionate release order.](#) While in custody, Bardell reported seeing blood in his stool but experienced significant delays in follow-up care. Multiple appointments occurred weeks to months later than the BOP's target dates for them. The OIG has also [initiated an investigation](#) into the

circumstances surrounding Bardell's release from prison and subsequent death. When our investigation is concluded, we will proceed with our usual process for releasing our findings publicly in accordance with relevant laws and DOJ and OIG policies. Hanssen's and Bardell's cases illustrate some of the common challenges in CRC screening and follow-up within the BOP that we found in this evaluation.

The OIG's findings included the following:

- **A Significant Number of Inmates Were Not Up-to-Date on CRC Screening.** We found that less than two-thirds of average-risk inmates ages 45 through 74 were offered an annual CRC screening, and less than half of average-risk inmates had a current annual screening as of April 2024. We further found that screening offer rates varied widely by facility, with some facilities offering screening to over 90 percent and others offering screening to less than 10 percent of average-risk inmates. Between low screening offers and inmate refusals, less than half of average-risk inmates had a completed annual CRC screening.
- **Lack of Documented Clinical Follow-up.** Out of a sample of 327 BOP inmates, we found that around 10 percent had no documented follow-up after receiving a positive CRC screening result. An additional 4 percent of inmates in our sample that had some initial follow-up did not have sufficient documentation to allow us to determine what follow-up ultimately occurred.
- **Long Wait Times for Colonoscopy Following a Positive CRC Screening Result.** The BOP does not have established timeliness metrics for access to a colonoscopy for inmates with a positive CRC screening. We found that inmates in our sample waited an average of 8 months between a positive CRC screening and a colonoscopy.
- **Gaps in Increased-Risk Inmate Identification, Monitoring, and Documentation.** Despite the BOP's guidance for screening inmates at increased risk for CRC, we found that the BOP does not have a way to accurately and comprehensively identify the entire increased-risk population due to limitations within the BOP's Electronic Medical Records System (BEMR). As a result, the BOP's ability to ensure that increased-risk inmates receive appropriate screening is limited. We also determined that the BOP does not have a standardized method within BEMR to document the need for future CRC screenings for increased-risk inmates.

The OIG made 13 recommendations to the BOP. The BOP agreed with all of the recommendations.

Photos: High-resolution versions of the photos included in today's report are available upon request.

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