

Your familial risk for colorectal cancer is not elevated. However, no tool for estimating health risks is perfect. The familial colorectal cancer risk estimate generated for you by the Surgeon General's tool is based on both the family and personal medical information that you provided. This determination of risk might over-estimate or under-estimate your colon cancer risk as it does not take into account risk factors like diet, obesity, or race and ethnicity. This information is not intended to replace a visit to a health professional. You should discuss this information about your risk for colon cancer with a health care professional.

Colon cancer screening can help find colon cancer early, when it is most treatable. It also can detect polyps (small growths), which can be removed to prevent colon cancer. Colon cancer screening tests include: a home stool test kit, sigmoidoscopy, double-contrast barium enema, and/or colonoscopy. Usually, a home stool test is done every year, sigmoidoscopy at least every 5 years, double-contrast barium enema at least every 5 years, and colonoscopy at least every 10 years. These tests can be done alone or in combination, and are usually recommended for people aged 50 and older. However, people with an increased risk due to family history often start testing with colonoscopy at age 40 or younger. Talk to your health professional about your risk of colon cancer, the tests that are best for you, and when and how often you should be screened.

For more information on colon cancer see NCI CRC PDQ:  
<http://www.cancer.gov/cancertopics/types/colon-and-rectal>