March and springtime go hand in hand. As the winter months draw to a close, March becomes the time for rejuvenation and spring cleaning, not just for your home but for your body, too.

According to the American Cancer Society, about 103,000 new cases of colon cancer appeared in 2010. However, there is a silver lining -- for the last 20 years the death rate for colorectal cancer has steadily decreased.

March is National Colorectal Cancer Awareness Month, so this spring, give your colon the attention it deserves. By making colon cancer screenings a priority, treating your colon well and keeping in touch with your body, you can take empowering preventive steps to ward off cancer.

**Colon cancer is preventable**

More than 90 percent of colon cancer deaths each year occur in people aged 50 or older. No one wants any type of cancer, but fear should not keep you from scheduling a colon cancer screening. Screenings are invaluable tools that help physicians understand what is happening inside your body. In fact, they can keep you from becoming part of next year’s cancer statistics.

Most instances of colon cancer begin with growths (polyps) that form on the inside wall of the colon and are considered to be precancerous.

If discovered early enough through a colonoscopy, they are able to be removed before they have the chance to become cancerous. Most polyps are found to be benign, meaning that the rapidly dividing cells responsible for the polyp are not moving outside of that growth. The colonoscopy gives doctors the opportunity to not only locate the polyps, but remove them during the procedure. Current practice is to remove all benign polyps to prevent the risk of colorectal cancer.
Colonoscopies: What to expect

Because of its ability to not only locate, but remove precancerous polyps, colonoscopies are currently considered the gold standard in colorectal cancer prevention. The use of colonoscopy has recently been shown to decrease the risk of death from colon cancer.

A colonoscopy examines the lining of the entire colon and rectum, and if needed, the lower portion of the small bowel. This procedure is noninvasive, meaning that the skin will not be punctured during the event. On the evening before the colonoscopy, patients typically drink a laxative preparation to enable the physician to visualize the intestine. On the day of the test, patients will talk to their doctor to discuss any concerns, and the patient will be given sedative medications through an intravenous tube. Once the patient is sedated, an endoscopist performs a rectal exam and inserts a colonoscope into the rectum, which will move to the farthest part of the colon.

Approximately the diameter of an index finger, the colonoscope is a long flexible tube that contains a camera lens and a light. The images viewed by the system are then projected onto a television screen that the physician views to locate polyps. If the physician finds a suspicious polyp, he or she can remove the growth by using a biopsy forceps or snare loop to lasso it, depending on size and shape. In addition to polyp removal, the specimen is sent to a pathologist to check under the microscope if it is precancerous, or rarely, cancerous. During the colonoscopy, patients may experience abdominal pressure from the air being pumped into the colon; however, patients will not feel pain from the polyp removal or biopsy.

Staying ahead of colon cancer

Beginning at age 50, patients should be scheduling colonoscopies on a routine basis. Patients with a higher risk of developing colorectal cancer are advised to begin receiving colonoscopies at age 40, but the ultimate decision lies in a conversation between you and your doctor. Those with higher risks of colon cancer who should get screened at age 40 include people with family members who have had the cancer. Other risk factors for colon cancer include obesity, smoking and heavy alcohol use.

Due to the specialized pretest preparation for a colonoscopy and a patient's fear for the test, other means of testing for colon cancer have been explored. While there are promising advances on the horizon, a colonoscopy remains the best choice for thorough results.

One example of a colonoscopy alternative is a test for blood in the stool. For this procedure, the stool specimen is placed on a card or in a tube and analyzed for the presence of blood. This test has the advantage of being noninvasive and lower cost than colonoscopy, but has a lower detection rate of both cancer and polyps. Also, a positive test would require a colonoscopy to further evaluate.

Researchers at Case Western Reserve University School of Medicine are investigating a new method for colon cancer screening, called stool DNA testing. This test involves collection of a stool specimen with isolation and analysis of cells that are shed from the lining of the colon.

In addition to knowing the symptoms of colon cancer and receiving a colonoscopy when applicable, your day-to-day routine also impacts your chances of developing colon cancer. By not smoking, limiting alcohol consumption, exercising regularly and eating a diet high in fiber, fruits and vegetables, you can take an empowered stance in looking out for your colon not only in March, but throughout the entire year.
After I was 50 my doctor bugged me over and over again writing prescriptions so I could schedule a colonoscopy. I always said I would but generally blew it off. Finally one day he say me down and went over the importance of getting one all over again. I finally scheduled one. While the prep obviously isn't a fun time the actual procedure you are drugged through. I liked that part.

The end result was a few large precancerous polyps. I was fortunate as was told had I blown this off another two or so years I would have likely been in trouble as in big trouble. I have been on the three year plan and clean. At 62 I have lost several friends to colon cancer. They never bothered to get a colonoscopy done. When talking with friends, this is something I can't stress the importance of enough. Scared the hell out of me.

Thanks for a good and important read PD.
Having this test is the best piece of mind you can get. My wife and I have each lost a friend that would not get tested. When my wife was tested the first time they found three polyps and removed them. That was nineteen years ago. We have been tested regularly since that time. I have been through it five times (every five years), and I can tell you that the worst part of it is the prep at home. The friend that I lost had gathered all his friends togeather to tell them to get tested because it was too late for him. Everyone did.