ISSN: 3066-7097
Research Article

Journal of Critical Care Research and Emergency Medicine

The Brazilian Blue March Campaign: A Clinic Experience in Rio De Janeiro

Coelho Gabriela I[1]*, Coelho Mariana[1], Coelho Neto Djalma E [2,3], & Coelho José Flávio E[2]

[1]*Fundação Técnico-Educacional Souza Marques Escola de Medicina Souza Marques, Rio de Janeiro, RJ, Brazil*
[2]*Universidade Federal do Rio de Janeiro, Rio de Janeiro, RJ, Brazil*
[3]*Universidade Estácio de Sá, Rio de Janeiro, RJ, Brazil*

***Corresponding author:** Coelho, Gabriela I, Fundação Técnico-Educacional Souza Marques Escola de Medicina Souza Marques, Rio de Janeiro, RJ, Brazil.

Submitted: 16 June 2025 **Accepted:** 26 June 2025 **Published:** 30 June 2025

https://doi.org/10.63620/MKJCCREM.2025.1044

Citation: *Coelho, G. I., Coelho, M., Coelho Neto, D. E., & Coelho, J. F. E. (2025). The Brazilian Blue March Campaign: A clinic experience in Rio de Janeiro.. J of Cri Res & Eme Med, 4(3), 01-03.*

Abstract

The Blue March Campaign is a national Brazilian initiative aimed at increasing awareness and early detection of colorectal cancer, a disease that ranks as the third most common cancer in Brazil. Despite high incidence and mortality rates, early diagnosis can significantly improve outcomes.

Keywords: Blue March, Colorectal Cancer, Early Diagnosis.

Introduction

In February 2000, President Clinton officially declared the month of March as National Colon Cancer Awareness Month. As it ranks the third most common cancer in Brazil, March has become associated with colorectal cancer prevention in the country since 2020[1-3].

According to the National Cancer Institute the Brazilian estimate for new cases is 20.5 thousand in men and 20.4 thousand in women, in addition to around 20 thousand deaths [4-5]. However, despite the significant number of deaths, early detection and prevention can significantly alter the course of an individual's life

“Blue March" raises awareness among the population about the need for colorectal cancer prevention, as it can be treatable and curable if detected early1-3. The actions have become possible thanks to the collaborative efforts of three societies: the Brazilian Society of Endoscopy (SOBED), the Brazilian Federation of Gastroenterology (FBG), and the Brazilian Society of Coloproctology (SBCP). Together, they have been promoting screening programs in cities across various states. This project was a partnership between the Academic League of Digestive Endoscopy of Souza Marques School of Medicine (LAED-SM) and the Brazilian Society of Endoscopy of Rio de Janeiro (SOBED-RJ) (Figure 1) [6-8].

The project proposes the analysis of the demographic profile and risk stratification of an extensive area in Rio de Janeiro, aiming to address the prevention and awareness of colorectal cancer among the adult population. It emphasizes basic measures for early diagnosis and prevention, as 85% of colorectal cancer cases are diagnosed at an advanced stage, when the chances of a cure are lower.

Figure 1: Group of Volunteers Responsible for the Project in Rio De Janeiro

Methods

This is an analysis of a database obtained through a questionnaire applied on the day of the event, between Post 5 and 6 on Copacabana Beach in Rio de Janeiro. The data collection involved the participation of 31 volunteers, students from the Souza Marques School of Medicine, who were previously divided into stations: awareness, exam recommendations, nutritional guidance, and a prevention station where information and practical demonstrations were provided to the population. (Figure 3 and figure 4).

Figure 3: Flyers That Has Been Given to the Population with Important Information About Food Habits, Symptoms, Detection and Prevention of the Colorectal Cancer

Figure 4: Volunteers Transmitting Information to the Population

Results

The study included 274 participants, with 53.3% men and 46.7% women. The average age was 50 years, with 68.5% caucasians, 19.3% mixed-race, 11.5% Black, and 0.7% asian. 65% were unaware of Colorectal Cancer Prevention Month, and 60.2% had never undergone a colonoscopy (Figure 5). Risk factors included alcohol use (30.1%), family history (19%), sedentary lifestyle (19%), smoking (15%), and obesity (10%). Of the 39.8% who had a colonoscopy, 47.7% had polyps, and 1.8% had colorectal cancer. Regarding nutrition: 37.2% reported consuming processed foods, sugars, and fats three times a week; 24.1% reported daily consumption; 9.9% had a predominance of sugar; 8.8% consumed more processed foods; and 6.9% ate fatty foods. Of the 13.1% who stated these foods never made up part of their diet, 21.2% reported not having a habit of consuming fruits and vegetables.

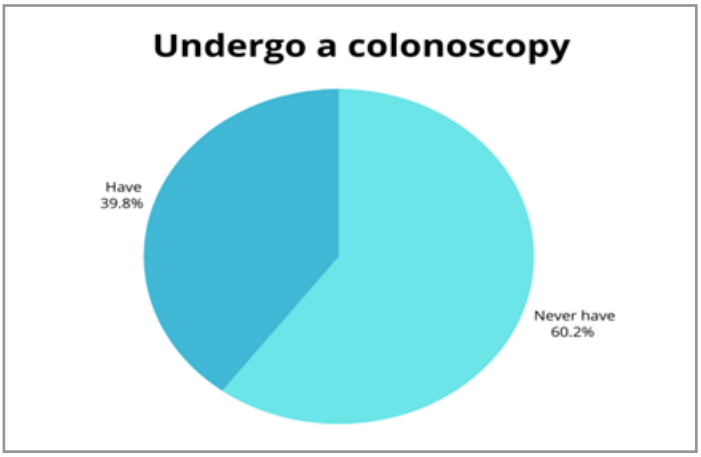

Figure 5

Conclusion

The data analysis showed that projects like Blue March are of significant relevance in the regional context, as they highlight that the undervaluation of basic information, such as the need to undergo a colonoscopy after the age of 40, directly impacts daily life and alters the prognosis of these patients. Therefore, the results demonstrate that campaigns like this should become a constant commitment of the medical community. Only through such efforts can we hope to establish a national colorectal cancer prevention program in the near future, ultimately saving lives.

References

1. "Colon Cancer Awareness Month". Colorectal Cancer Alliance. Retrieved 25 April 2017.
2. "Call-on Congress". Fight Colorectal Cancer. Retrieved 2023-02-09.
3. "BlueForCRC". Colon Cancer Coalition. Retrieved 2023-02-09.
4. Voguel, J. D. (2022). The American Society of Colon and Rectal Surgeons clinical practice guidelines for the management of colon cancer. Diseases of the Colon & Rectum
5. Baglietto, L., Jenkins, M. A., Severi, G., Giles, G. G., Bishop, D. T., Boyle, P., & Hopper, J. L. (2006). Measures of familial aggregation depend on definition of family history: meta-analysis for colorectal cancer. Journal of clinical epidemiology, 59(2), 114-124.
6. Wong, M. C., Chan, C. H., Lin, J., Huang, J. L., Huang, J., Fang, Y., ... & Chan, F. K. (2018). Lower relative contribution of positive family history to colorectal cancer risk with increasing age: a systematic review and meta-analysis of 9.28 million individuals. Official journal of the American College of Gastroenterology| ACG, 113(12), 1819-1827.
7. Roos, V. H., Mangas-Sanjuan, C., Rodriguez-Girondo, M., Medina-Prado, L., Steyerberg, E. W., Bossuyt, P. M., ... & van Leerdam, M. E. (2019). Effects of family history on relative and absolute risks for colorectal cancer: a systematic review and meta-analysis. Clinical Gastroenterology and Hepatology, 17(13), 2657-2667.
8. Taylor, D. P., Burt, R. W., Williams, M. S., Haug, P. J., & Cannon–Albright, L. A. (2010). Population-based family history–specific risks for colorectal cancer: a constellation approach. Gastroenterology, 138(3), 877-885.