

¹ bca-survival: A Python package for body composition-based survival analysis in medical imaging research

⁴ **Eric Frodl**  ¹, **Benedikt Wichtlhuber**¹, **Matthias Neitzel**  ¹, and **Andreas Michael Bucher** 

⁶ ¹ Goethe University Frankfurt, University Hospital, Department of Radiology and Nuclear Medicine,
⁷ Germany  Corresponding author

DOI: [10.xxxxxx/draft](https://doi.org/10.xxxxxx/draft)

Software

- [Review](#) 
- [Repository](#) 
- [Archive](#) 

Editor: 

Submitted: 16 December 2025

Published: unpublished

License

Authors of papers retain copyright and release the work under a Creative Commons Attribution 4.0 International License ([CC BY 4.0](#)).

bca-survival is an open-source Python package that streamlines the analysis pipeline from CT-derived body composition measurements to survival analysis results. The package provides a unified interface for merging clinical data with body composition measurements, performing Cox proportional hazards regression (both univariate and multivariate), generating Kaplan-Meier survival curves, and exporting results in multiple formats. It is specifically designed to integrate with output from automated segmentation algorithms such as the Body and Organ Analysis (BOA) algorithm ([Haubold et al., 2024](#)) and TotalSegmentator ([Wasserthal et al., 2023](#)), both built on the nnU-Net framework ([Isensee et al., 2021](#)).

²⁴ Statement of need

²⁵ The relationship between body composition and clinical outcomes is an active area of research in oncology, geriatrics, and critical care medicine ([Caan et al., 2018](#); [Keyl et al., 2024](#)). Sarcopenia (low muscle mass) and changes in adipose tissue distribution have been linked to chemotherapy toxicity, surgical complications, and overall survival in various cancer types ([Kazemi-Bajestani et al., 2016](#); [Shachar et al., 2016](#)). Modern deep learning algorithms can automatically segment body compartments from CT scans, producing detailed measurements of skeletal muscle, visceral adipose tissue, and subcutaneous adipose tissue at scale ([Haubold et al., 2024](#); [Wasserthal et al., 2023](#)).

³³ Despite the availability of automated segmentation tools, translating these measurements into meaningful survival analyses remains challenging. Researchers must address several interconnected tasks: data integration between imaging measurements and clinical databases, time-to-event calculation from diagnosis or treatment dates, statistical modeling with appropriate handling of covariates and confounders, and results dissemination in formats suitable for publications. While general-purpose survival analysis packages exist, such as lifelines ([Davidson-Pilon, 2019](#)) for Python and the survival package for R ([Therneau & Grambsch,](#)

40 2000), these tools are not addressing the domain-specific preprocessing and workflow challenges
 41 inherent to body composition research.

42 bca-survival builds upon lifelines to provide a higher-level abstraction specifically designed
 43 for body composition survival studies. Where lifelines requires researchers to manually
 44 prepare data, match patients across datasets, calculate time-to-event variables, and implement
 45 stratification logic, bca-survival encapsulates these steps into a unified interface. The package
 46 directly ingests output from segmentation algorithms like BOA, automatically matches imaging
 47 measurements to clinical records by patient identifier, computes survival times from date
 48 columns, and provides configurable stratification strategies (median, percentile, fixed cutoffs)
 49 for Kaplan-Meier analysis without requiring custom code. Additionally, bca-survival includes
 50 automatic multicollinearity detection via variance inflation factors for multivariate models—a
 51 common pitfall when analyzing correlated body composition variables—and correction variable
 52 support for univariate analyses to adjust for confounders like age or tumor stage.

53 By handling these domain-specific complexities, bca-survival reduces the technical barrier
 54 for clinicians and researchers investigating body composition as a prognostic factor, enabling
 55 larger-scale studies and facilitating reproducible research.

56 **Functionality**

57 The core functionality centers around the BCASurvivalAnalyzer class, which accepts clinical
 58 and measurement dataframes and provides methods for comprehensive survival analysis:

```
from bca_survival import BCASurvivalAnalyzer
import pandas as pd

# Load clinical and body composition data
clinical_data = pd.read_csv('clinical_data.csv')
bca_measurements = pd.read_csv('bca_measurements.csv')

# Initialize analyzer with patient matching
analyzer = BCASurvivalAnalyzer(
    df_main=clinical_data,
    df_measurements=bca_measurements,
    main_id_col='patient_id',
    measurement_id_col='id',
    start_date_col='diagnosis_date',
    event_date_col='death_date',
    event_col='event_status'
)

# Univariate Cox regression for body composition variables
results = analyzer.univariate_cox_regression([
    'l5::WL::imat::mean_ml',
    'l5::WL::tat::mean_ml',
    'l5::WL::muscle::mean_ml'
])

# Kaplan-Meier curves with configurable stratification
analyzer.kaplan_meier_plot(
    'l5::WL::muscle::mean_ml',
    split_strategy='median'
)

# Multivariate analysis with automatic multicollinearity handling
```

```
model = analyzer.multivariate_cox_regression([
    'l5::WL::muscle::mean_ml',
    'age',
    'tumor_stage'
])
```

59 Key features of the package include automatic patient matching between clinical and imaging
60 datasets with handling of missing measurements, flexible stratification strategies for survival
61 curves (median, mean, percentile, or fixed cutoffs), variance inflation factor (VIF)-based
62 multicollinearity detection and variable removal, and support for correction variables in univariate
63 analyses to adjust for confounders.

64 The package also includes command-line utilities that integrate with existing clinical workflows.
65 The `boa-extract` tool extracts measurements from BOA algorithm output directories, con-
66 verting hierarchical folder structures into analysis-ready tabular format. The `bca-merge` tool
67 combines clinical Excel files with body composition measurements based on patient identifiers.
68 The `survival-result-converter` tool exports analysis results to PDF, CSV, and TXT formats
69 for reporting, and `pdf-report-extractor` provides secure PDF encryption for patient data
70 distribution.

71 Implementation

72 `bca-survival` is built on the established scientific Python ecosystem. Survival analysis
73 functionality relies on `lifelines` (Davidson-Pilon, 2019), a well-validated survival analysis
74 library implementing Cox proportional hazards models and Kaplan-Meier estimation. Data
75 manipulation uses `pandas` (McKinney, 2010) and `numpy` (Harris et al., 2020), while visualizations
76 are created with `matplotlib` (Hunter, 2007) and `seaborn` (Waskom, 2021). Statistical
77 modeling is supplemented by `statsmodels` (Seabold & Perktold, 2010) for variance inflation
78 factor calculations and `scikit-learn` (Pedregosa et al., 2011) for data standardization.

79 The package follows modern Python packaging standards using `pyproject.toml` configuration
80 and `setuptools_scm` for version management from git tags. Comprehensive type hints support
81 static analysis with `mypy`. The test suite uses `pytest` with coverage reporting, and code quality
82 is enforced through `black`, `isort`, and `flake8`. Continuous integration via GitHub Actions runs
83 tests across Python 3.9-3.11 on Linux, macOS, and Windows. Documentation is generated
84 using `Sphinx` with `autodoc` support and is automatically deployed to GitHub Pages. The
85 package is distributed via PyPI, enabling installation with `pip install bca-survival`.

86 Research applications

87 `bca-survival` is designed to support research investigating the prognostic value of body
88 composition in clinical outcomes. Target applications include studies of sarcopenia as a
89 predictor of survival in cancer patients, longitudinal analysis of body composition changes
90 during chemotherapy or immunotherapy, investigation of adipose tissue distribution as a
91 marker of treatment toxicity, and multi-site studies requiring standardized, reproducible analysis
92 pipelines.

93 The package has been developed to support body composition research at University Hospital
94 Frankfurt and is intended for use by the broader medical imaging and oncology research
95 communities. By lowering the technical barrier to survival analysis, `bca-survival` aims to
96 enable more researchers to investigate the clinical significance of CT-derived body composition
97 metrics.

98 Acknowledgements

99 We acknowledge the developers of the Body and Organ Analysis (BOA) algorithm and
100 TotalSegmentator for making automated body composition segmentation accessible to the
101 research community. This project was funded by “NUM 3.0” (FKZ: 01KX2524)

102 Author Contributions

103 **Eric Frodl:** Conceptualization, software development, documentation, testing, deployment,
104 manuscript writing – original draft, review & editing.

105 **Benedikt Wichtlhuber:** Software development, testing, manuscript review .

106 **Matthias Neitzel:** Field testing, user feedback, bug fixing, documentation.

107 **Andreas Michael Bucher:** Domain expertise, requirements specification, medical/clinical
108 validation, supervision, manuscript review.

109 Caan, B. J., Feliciano, E. M. C., Prado, C. M., Alexeeff, S., Kroenke, C. H., Bradshaw, P.,
110 Quesenberry, C. P., Weltzien, E. K., Castillo, A. L., Olobatuyi, T. A., & others. (2018).
111 Association of muscle and adiposity measured by computed tomography with survival in
112 patients with nonmetastatic breast cancer. *JAMA Oncology*, 4(6), 798–804.

113 Davidson-Pilon, C. (2019). lifelines: survival analysis in Python. *Journal of Open Source
114 Software*, 4(40), 1317. <https://doi.org/10.21105/joss.01317>

115 Harris, C. R., Millman, K. J., Walt, S. J. van der, Gommers, R., Virtanen, P., Cournapeau, D.,
116 Wieser, E., Taylor, J., Berg, S., Smith, N. J., Kern, R., Picus, M., Hoyer, S., Kerkwijk,
117 M. H. van, Brett, M., Haldane, A., Río, J. F. del, Wiebe, M., Peterson, P., ... Oliphant,
118 T. E. (2020). Array programming with NumPy. *Nature*, 585(7825), 357–362. <https://doi.org/10.1038/s41586-020-2649-2>

120 Haubold, J., Baldini, G., Parmar, V., Schaarschmidt, B. M., Koitka, S., Kroll, L., Landeghem,
121 N. van, Umutlu, L., Forsting, M., Nensa, F., & Hosch, R. (2024). BOA: a CT-Based Body
122 and Organ Analysis for Radiologists at the Point of Care. *Investigative Radiology*, 59(6),
123 433–441. <https://doi.org/10.1097/RLI.0000000000001040>

124 Hunter, J. D. (2007). Matplotlib: A 2D Graphics Environment. *Computing in Science &
125 Engineering*, 9(3), 90–95. <https://doi.org/10.1109/MCSE.2007.55>

126 Isensee, F., Jaeger, P. F., Kohl, S. A. A., Petersen, J., & Maier-Hein, K. H. (2021). nnU-Net:
127 a self-configuring method for deep learning-based biomedical image segmentation. *Nature
128 Methods*, 18(2), 203–211. <https://doi.org/10.1038/s41592-020-01008-z>

129 Kazemi-Bajestani, S. M. R., Mazurak, V. C., & Baracos, V. (2016). Computed tomography-
130 defined muscle and fat wasting are associated with cancer clinical outcomes. *Seminars in
131 Cell & Developmental Biology*, 54, 2–10. <https://doi.org/10.1016/j.semcdb.2015.09.001>

132 Keyl, J., Bucher, A., Jungmann, F., Hosch, R., Ziller, A., Armbruster, R., Malkomes, P., Reissig,
133 T., Koitka, S., Tzianopoulos, I., & others. (2024). Prognostic value of deep learning-derived
134 body composition in advanced pancreatic cancer—a retrospective multicenter study. *ESMO
135 Open*, 9(1), 102219.

136 McKinney, W. (2010). Data Structures for Statistical Computing in Python. *Proceedings of the
137 9th Python in Science Conference*, 56–61. <https://doi.org/10.25080/Majora-92bf1922-00a>

138 Pedregosa, F., Varoquaux, G., Gramfort, A., Michel, V., Thirion, B., Grisel, O., Blondel,
139 M., Prettenhofer, P., Weiss, R., Dubourg, V., Vanderplas, J., Passos, A., Cournapeau,
140 D., Brucher, M., Perrot, M., & Duchesnay, É. (2011). Scikit-learn: Machine Learning in
141 Python. *Journal of Machine Learning Research*, 12, 2825–2830. <http://jmlr.org/papers/>

142 [v12/pedregosa11a.html](https://doi.org/10.25080/Majora-92bf1922-011)

143 Seabold, S., & Perktold, J. (2010). statsmodels: Econometric and Statistical Modeling
144 with Python. *Proceedings of the 9th Python in Science Conference*, 92–96. <https://doi.org/10.25080/Majora-92bf1922-011>

146 Shachar, S. S., Williams, G. R., Muss, H. B., & Nishijima, T. F. (2016). Prognostic value of
147 sarcopenia in adults with solid tumours: A meta-analysis and systematic review. *European
148 Journal of Cancer*, 57, 58–67. <https://doi.org/10.1016/j.ejca.2015.12.030>

149 Therneau, T. M., & Grambsch, P. M. (2000). *Modeling Survival Data: Extending the Cox
150 Model*. Springer. <https://doi.org/10.1007/978-1-4757-3294-8>

151 Waskom, M. L. (2021). seaborn: statistical data visualization. *Journal of Open Source
152 Software*, 6(60), 3021. <https://doi.org/10.21105/joss.03021>

153 Wasserthal, J., Breit, H.-C., Meyer, M. T., Pradella, M., Hinck, D., Sauter, A. W., Heye, T.,
154 Boll, D. T., Cyriac, J., Yang, S., Bach, M., & Segeroth, M. (2023). TotalSegmentator:
155 Robust Segmentation of 104 Anatomic Structures in CT Images. *Radiology: Artificial
156 Intelligence*, 5(5), e230024. <https://doi.org/10.1148/ryai.230024>