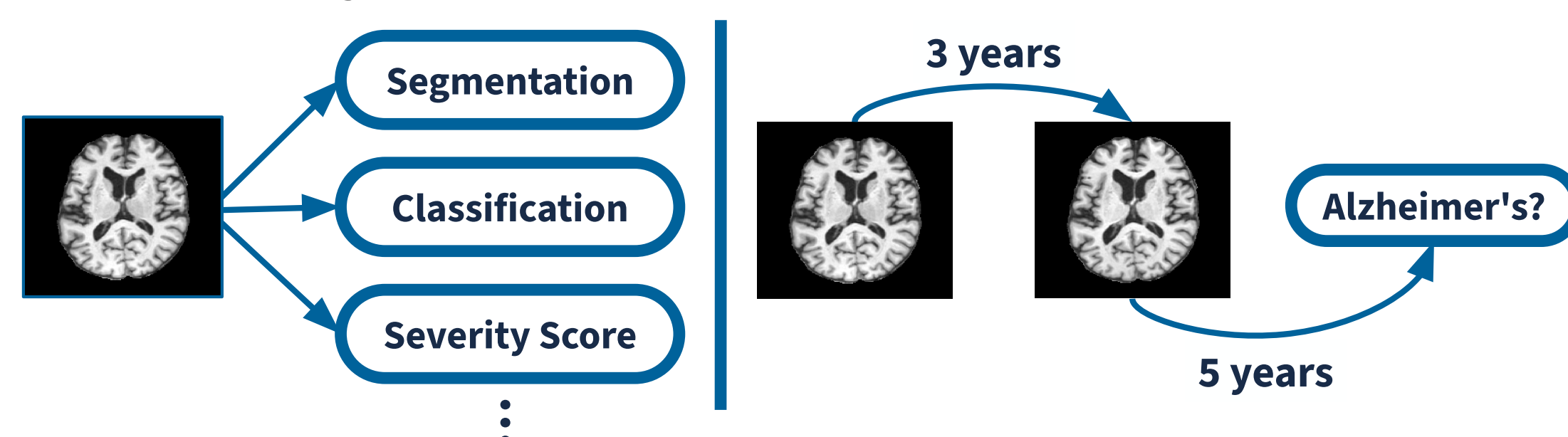


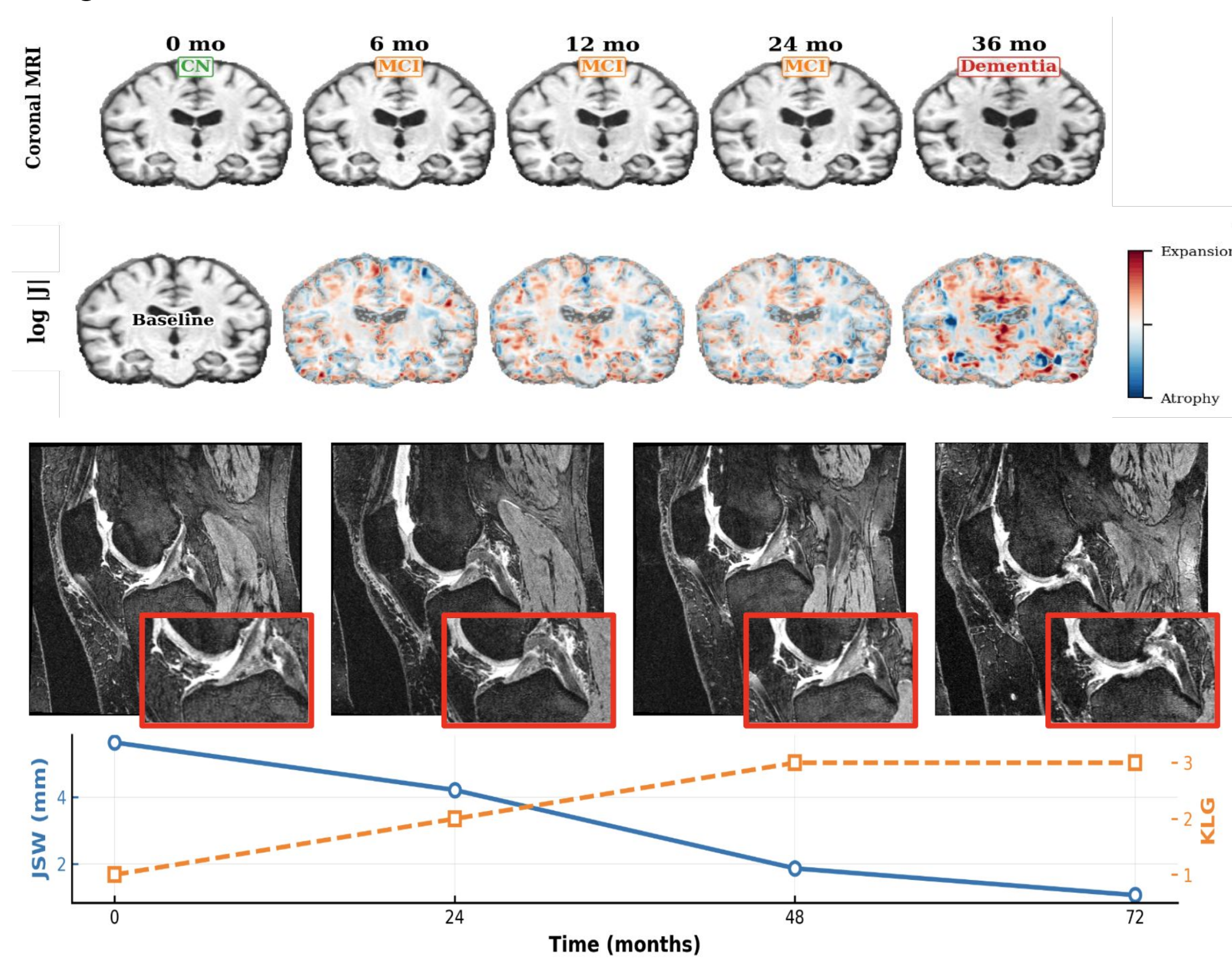
### Motivation

- Beyond detecting disease: can we predict its future course?
- Disease progression often appears as subtle anatomical change over time.
- We test whether frozen medical vision foundation models already capture these signals.
- This enables progression prediction without task-specific fine-tuning.



### Datasets

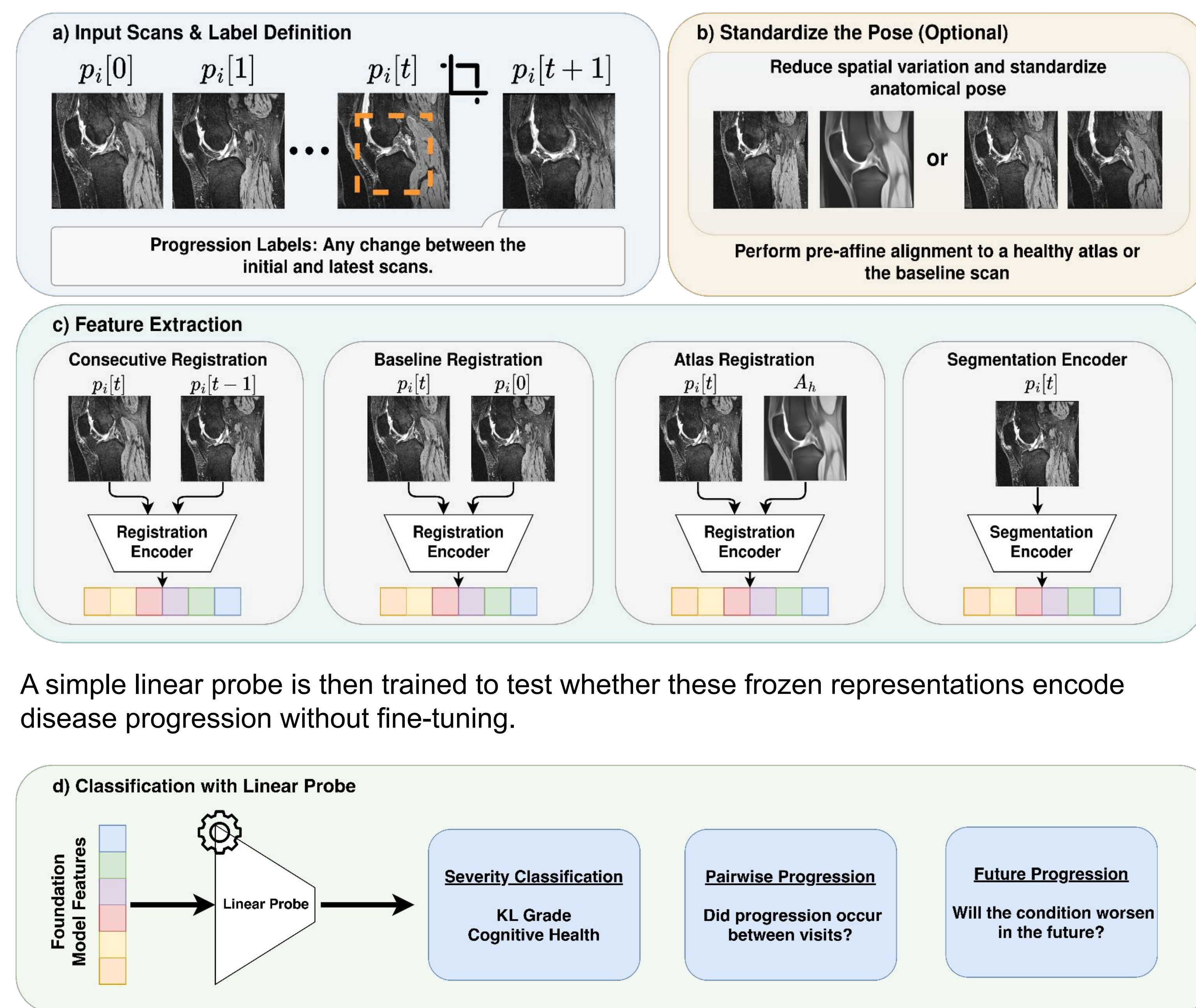
We study knee OA and Alzheimer's disease, two settings where disease progression can sometimes be seen by eye directly in longitudinal scans.



### Methodology

We use frozen medical vision foundation models as feature extractors for longitudinal MRIs.

Registration features are extracted using different scan-pair strategies, while segmentation features are extracted from individual scans.

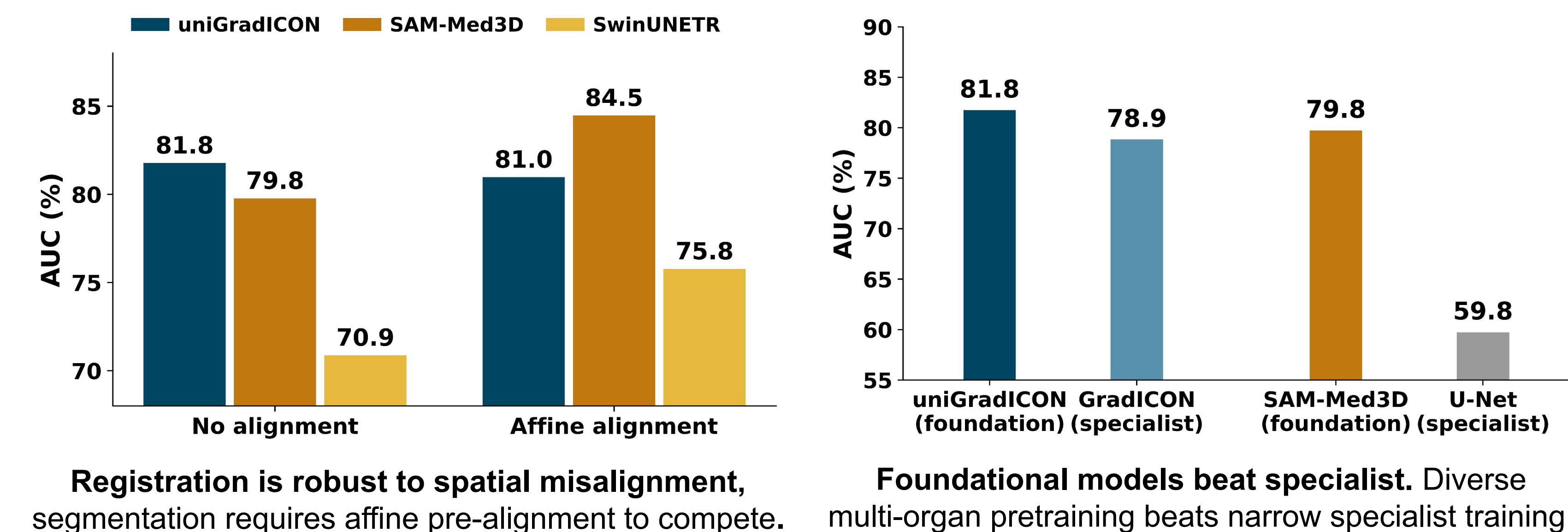


A simple linear probe is then trained to test whether these frozen representations encode disease progression without fine-tuning.

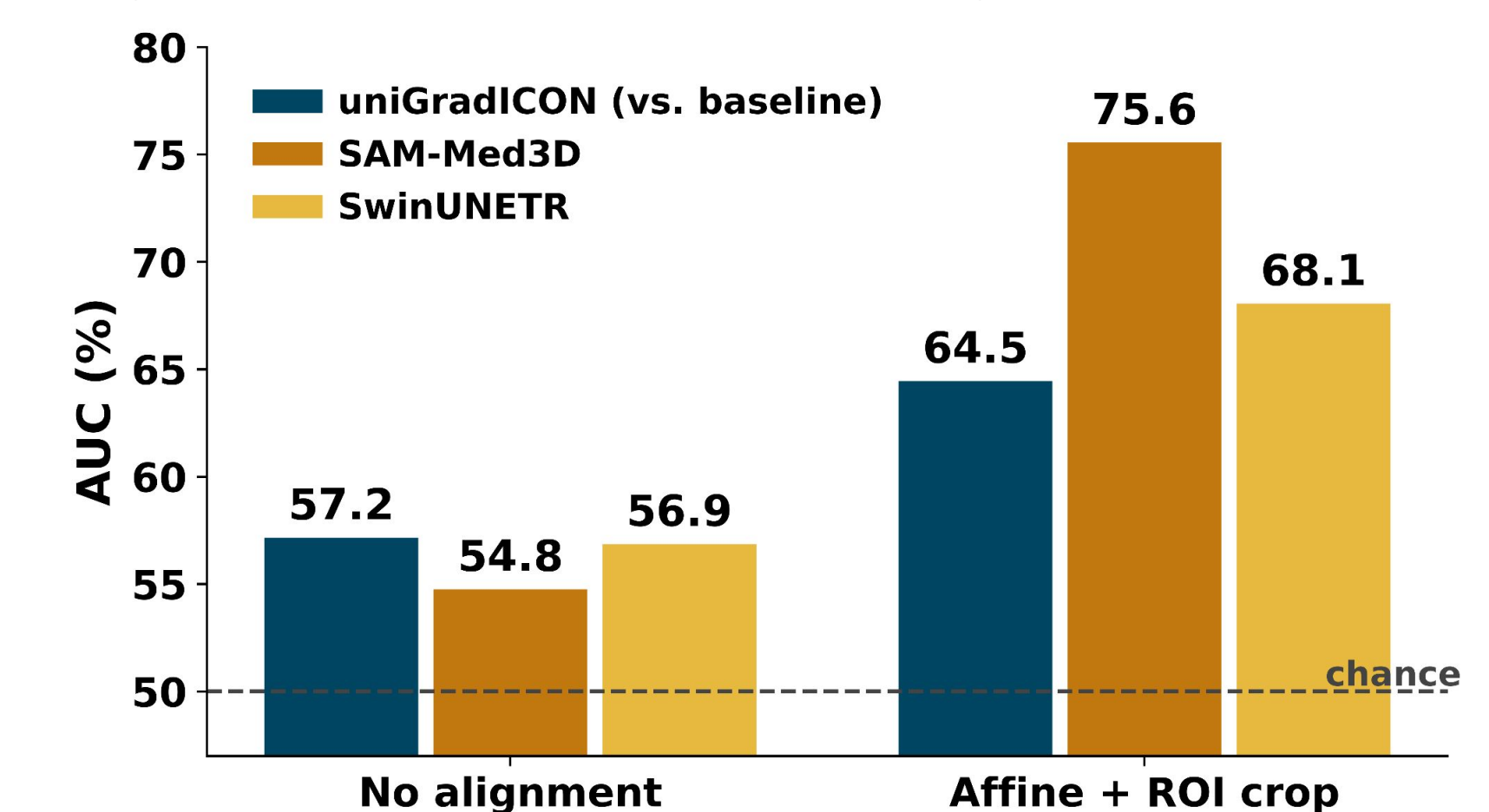
### Key Takeaways

- Pick registration features (uniGradICON) for robustness on messy / unaligned data
- Pick segmentation features (SAM-Med3D) when it is possible to standardize the data.
- Future work should develop modular adaptation layers on pretrained models to better capture high-dimensional clinical features.

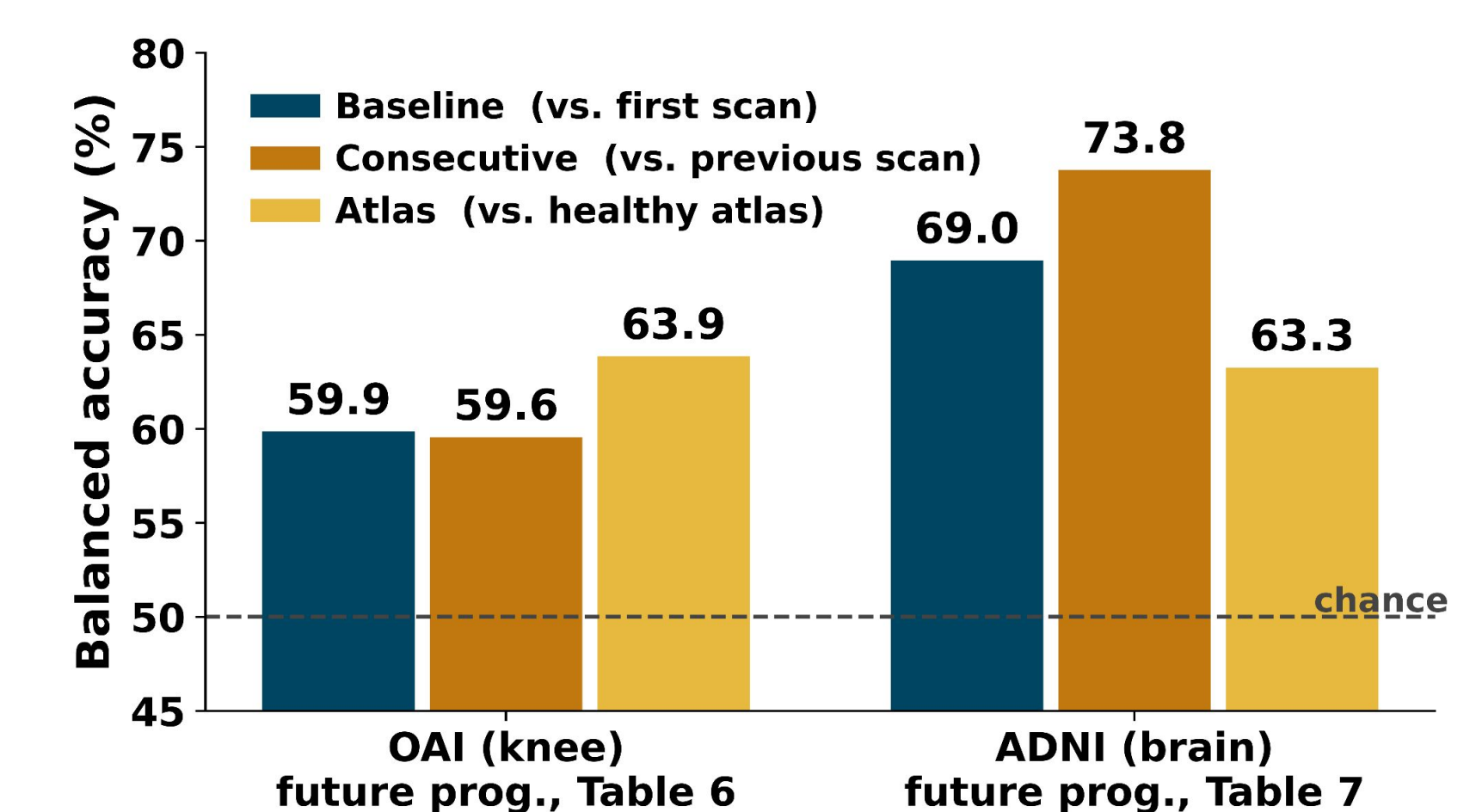
### Results and Findings



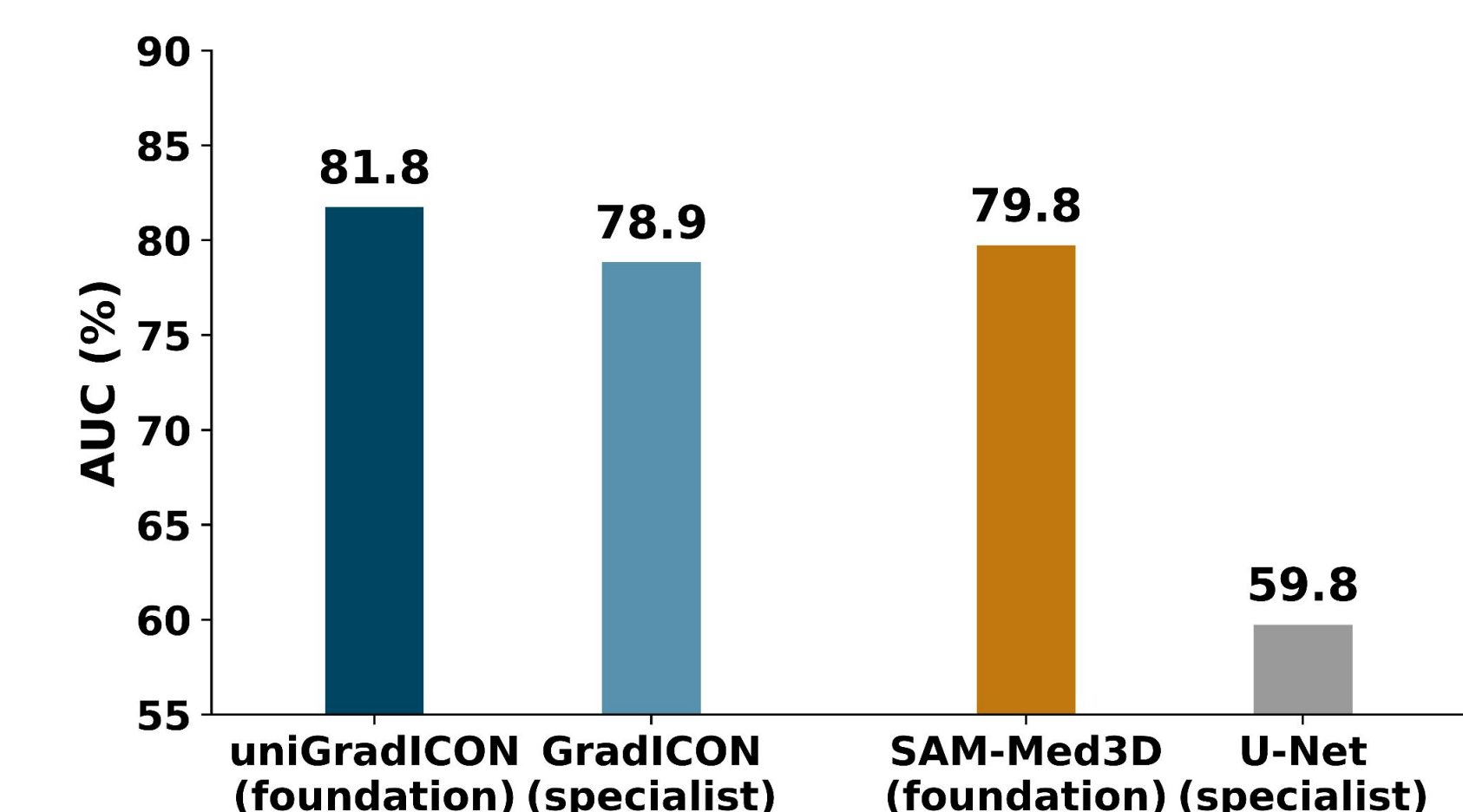
Registration is robust to spatial misalignment, segmentation requires affine pre-alignment to compete.



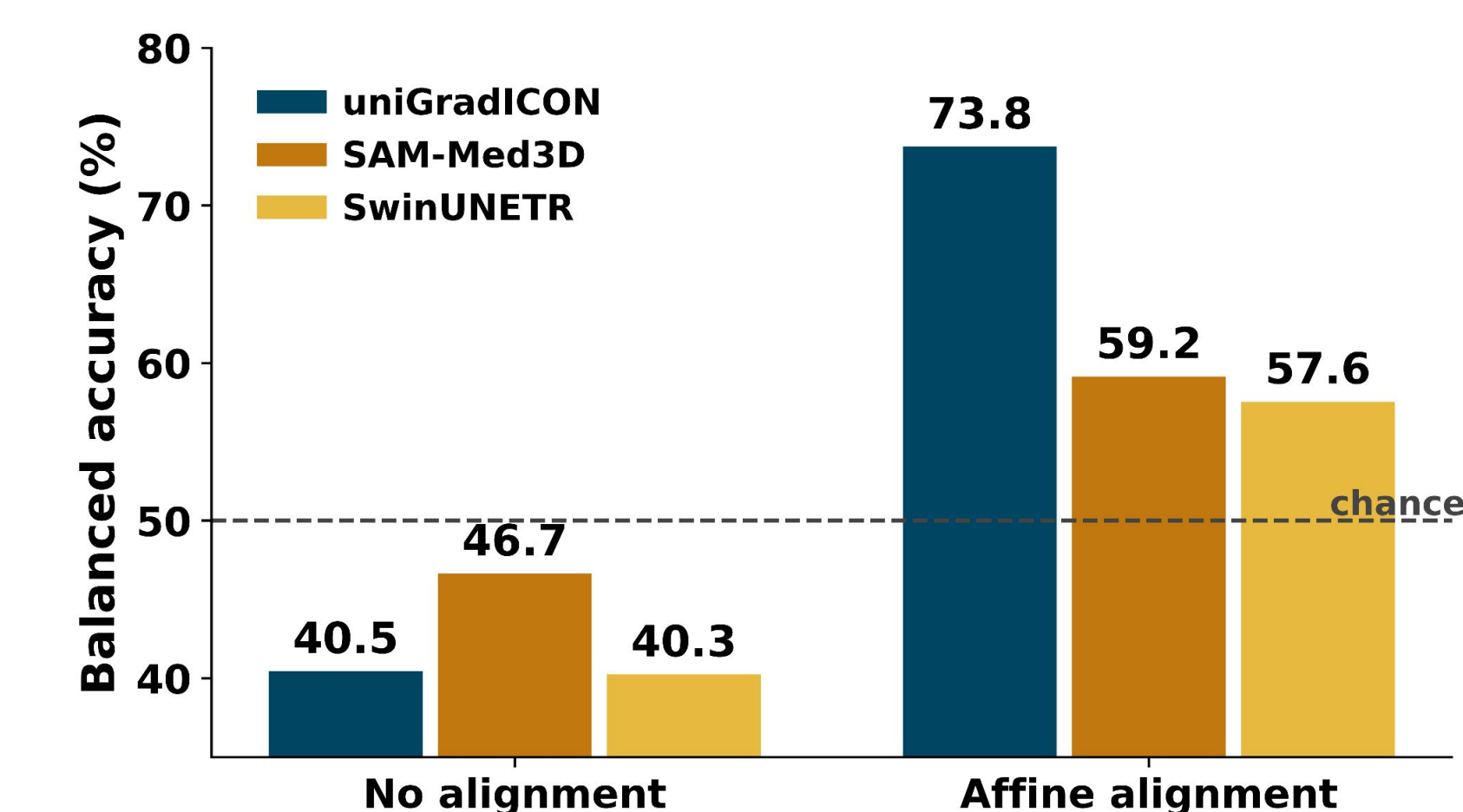
Affine alignment + joint cropping massively boosts segmentation features. Registration stays robust.



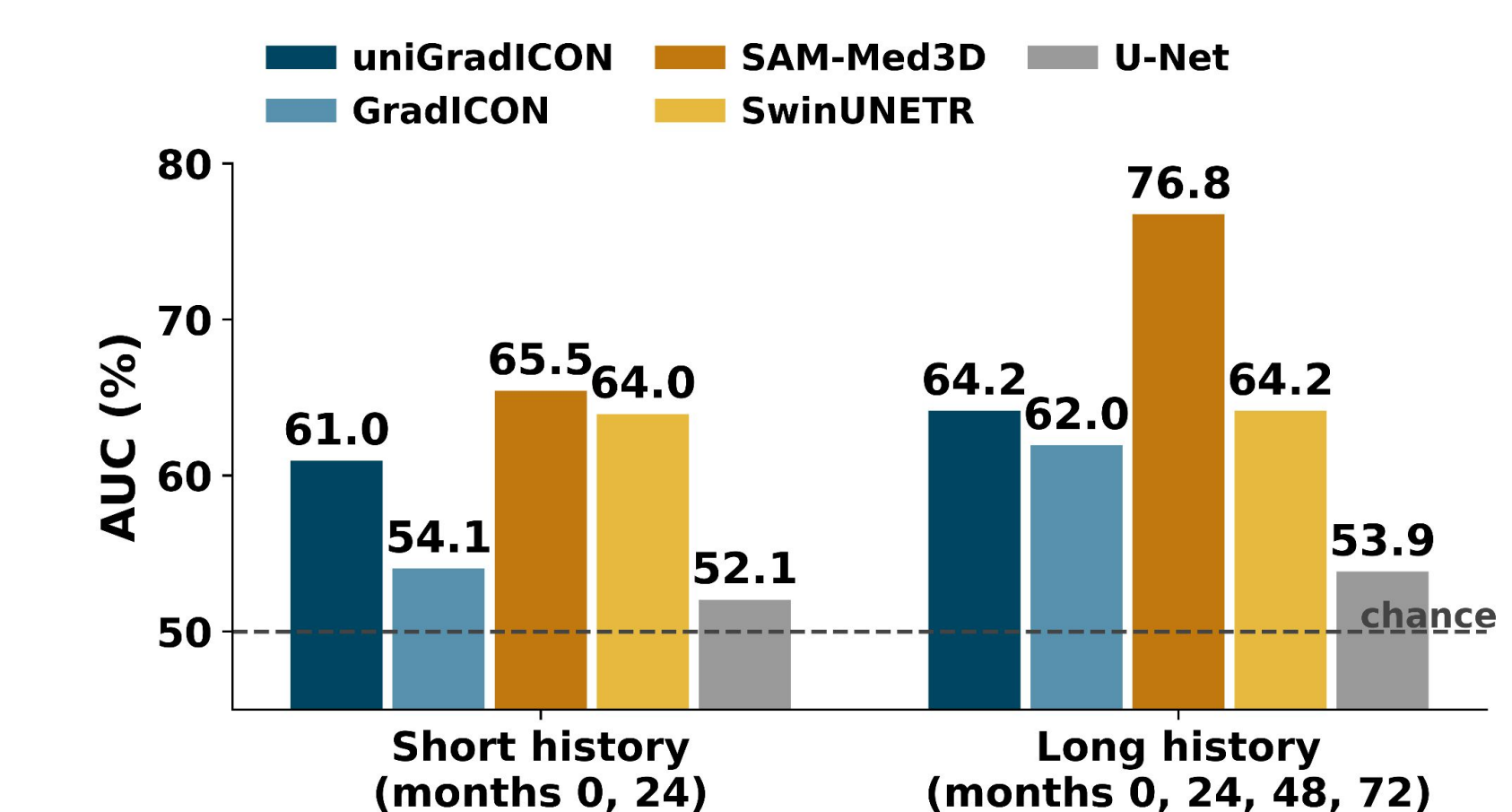
There is no general registration pair that works best. For OAI, atlas-registered features give best results. For ADNI, consecutive pairs of scans work best.



Foundational models beat specialist. Diverse multi-organ pretraining beats narrow specialist training.



Affine pre-alignment is a necessity for longitudinal brain MRI. Without this, models collapse. When pre-aligned, it heavily boosts all model features.



Temporal context length matters. All models show improvement when given the full longitudinal trajectory.