# LongiNet: Dual-Encoder Longitudinal Lesion Segmentation

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Abstract. We present LongiNet, a dual-encoder 3D network for longitudinal lesion segmentation. The baseline encoder takes the baseline CT image together with its baseline mask, while the follow-up encoder takes only the follow-up CT image. Encoders share weights from a pretrained nnU-Net (ULS23 baseline) and features are fused via 1x1x1 convolutions before decoding. A mandatory auxiliary baseline-mask reconstruction task is used during training to improve stability. Data are standardized by CT intensity clamping to [-1000, 400] and rescaling to [0,1], with lightweight spatial and intensity augmentations. Training uses Dice+CE loss, SGD with PolyLR and short transfer warmup. Validation uses a deterministic split. No test-time augmentation or ensembling is applied.

**Keywords:** autoPET challenge  $\cdot$  longitudinal segmentation  $\cdot$  nnU-Net  $\cdot$  MONAI

#### 1 Introduction

We address longitudinal lesion segmentation in CT where baseline and follow-up scans with lesion clickpoints are provided. Our method fuses baseline and follow-up representations to predict follow-up lesions concisely and robustly.

# 2 Methods

We follow the template and provide concise details; Table 1 summarizes key settings.

#### 2.1 Data

Training data Longitudinal-CT dataset [2].

Validation data Deterministic split (val\_split=0.2) created once and stored (index- and ID-based) for reproducible validation.

#### 2.2 Data pre-processing

CT intensities clamped to [-1000, 400] and rescaled to [0,1]. Channels ensured first; masks binarized. Inputs are formed as follows: the baseline encoder receives two channels [baseline image, baseline mask], and the follow-up encoder receives one channel [follow-up image].

## 2.3 Algorithm/model

Dual-encoder 3D nnU-Net backbone (ULS) with shared weights for BL and FU streams [1]. Features are fused via 1x1x1 convolutions at all skip levels and bottleneck; decoded by nnU-Net decoder. A mandatory auxiliary baseline mask reconstruction branch is used during training to improve stability.

## 2.4 Data post-processing

Predictions are resampled into full-volume geometry with nearest-neighbor, then component-wise labeled using nearest clickpoint in physical space; final mask is binary.

# 2.5 Training and test parameters

Loss: Dice+CE (softmax, one-hot). Optimizer: SGD (momentum=0.99, nesterov), weight\_decay=3e-5. LR: initial\_lr=2.5e-3 with PolyLR (exp=0.9), max\_epochs=1000; transfer warmup 3 epochs at  $0.1\times$ LR. Batch size=8, mixed precision (fp16), 4 GPUs (DDP). Augmentations: small affine rotations (  $\pm 10^{\circ}$ ), Gaussian noise (std=0.02), intensity scale ( $\pm 20\%$ ), shift ( $\pm 10\%$ ), contrast (gamma 0.8–1.2), Gaussian smooth ( $\sigma = 0.5 \dots 1.0$ ). Test: no TTA, threshold 0.5; no ensembling.

### 2.6 Github repository

 $\label{limit} Link\ to\ Github\ repository: https://github.com/DIAGNijmegen/oncology-longinet-container$ 

## 3 Results

We used an 80/20 train/validation split (single run; no cross-validation). Figure 1 and Figure 2 summarize validation performance.

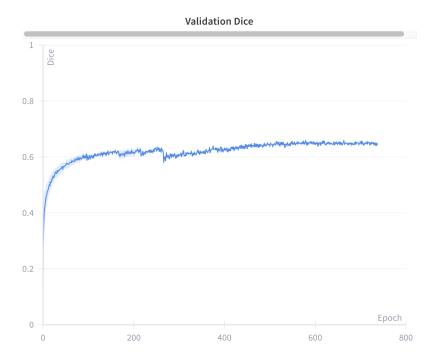


Fig. 1. Validation Dice over training.

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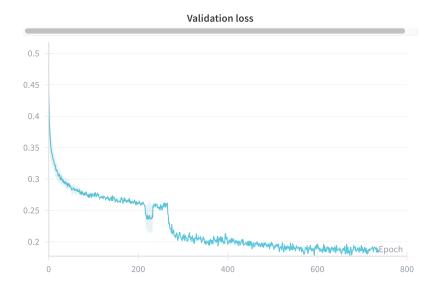


Fig. 2. Validation loss over training.

#### 4 Discussion

During training, we observe improved performance compared to fine-tuning the pure ULS baseline. The dual-encoder fusion together with the auxiliary reconstruction task appears beneficial, but more experiments are required for conclusive results.

# 5 Conclusion

LongiNet delivers a concise, reproducible longitudinal segmentation pipeline suitable for challenge submission without TTA or ensembling.

 ${\bf Acknowledgments.}\ \ {\rm None.}$ 

Disclosure of Interests. The authors have no competing interests to declare.

## References

- 1. M. J. J. de Grauw, E. Th. Scholten, E. J. Smit, M. J. C. M. Rutten, M. Prokop, B. van Ginneken, A. Hering: The ULS23 Challenge: a Baseline Model and Benchmark Dataset for 3D Universal Lesion Segmentation in Computed Tomography (2024). https://arxiv.org/abs/2406.05231
- 2. Küstner, T., Peisen, F., Gatidis, S., Wagner, A., Megne, O., Othman, A., Sanner, A., Lossau, T., Moltz, J. H., Kohlbrandt, T., & Hering, A. (2025). Longitudinal-CT. University of Tübingen. https://doi.org/10.57754/FDAT.qwsry-7t837

Table 1. Algorithm details

Team name	algorithm name (as submitted on grand-challenge)	data pre-processing	data post- processing	training data augmentation
niels rocholl	LongiNet dual-encoder	CT clamp [-1000,400], rescale [0,1]	Resample to full, comp. labeling by nearest clickpoint	Small affine, noise, scale, shift, contrast, Gaussian smooth
test time augmentation	ensembling	standardized framework?	network architecture	loss
None	None	$\begin{array}{l} {\rm MONAI} \ + \\ {\rm nnU\text{-}Net} \ {\rm v2} \ + \\ {\rm Lightning} \end{array}$	Dual-encoder UNet (3D)	Dice + CE
training data	data/model dimensionality and size	use of pre-trained models	GPU hardware for training	-
Longitudinal-CT dataset [2]	3D: 128x128x64 inputs (VOIs 64x128x128 at	Pretrained nnU-Net (ULS23 baseline) [1]	1x Nvidia A100	-

inference)