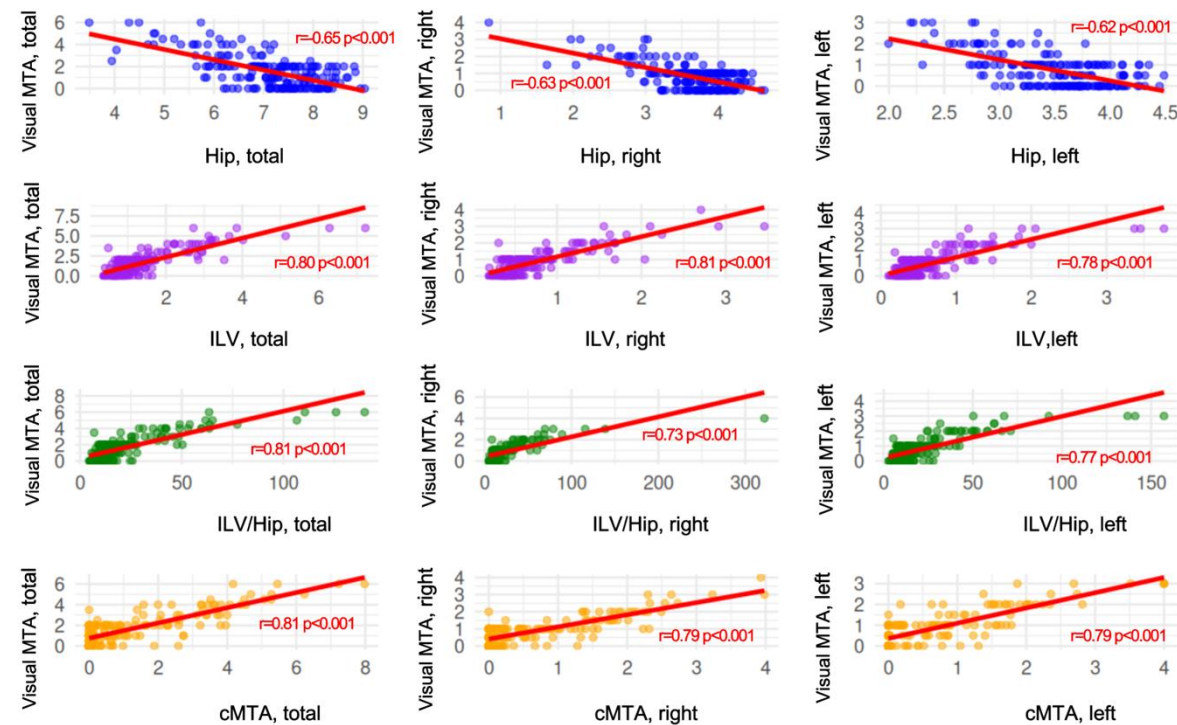
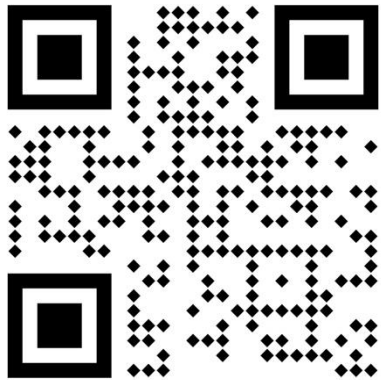


Validating for Clinical Use: Visual MTA vs cNeuro Volumetric Metrics in a Swedish Memory Clinic

P1-490

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Strong agreement between automated cNeuro metrics and visual MTA
Robust associations with cognition (MoCA & RAVLT)
ILV/Hip ratio and cMTA outperform visual MTA for AD discrimination

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Alzheimer’s disease diagnosis relies on medial temporal atrophy (MTA), typically assessed visually. This approach is subjective and time-consuming. Automated volumetric tools (cNeuro) provide: - Hippocampal volume (Hip) - Inferior lateral ventricle (ILV) - ILV/Hip ratio - Computed MTA (cMTA) Aim: Validate automated MRI measures vs visual MTA Assess associations with cognition Evaluate discrimination across SCI, MCI, AD	Cohort: n = 190, from Karolinska memory clinic SCI (n=90), MCI (n=53), AD (n=28), Others (n=19) Assessments: 3T MRI (standard clinical protocol) Visual MTA (Scheltens scale) cNeuro volumetry Cognition: MoCA & RAVLT delayed recall Analysis: Correlations (visual vs volumetry) Cognitive associations (age/sex adjusted) Diagnostic performance (ROC/AUC)	1. Agreement with Visual MTA  2. Diagnostic Discrimination AD vs SCI: Best: ILV/Hip: AUC = 0.94 cMTA: AUC = 0.93 Lowest: Visual MTA: AUC = 0.86 AD vs MCI: Best: Hip: AUC = 0.80 Visual MTA: AUC = 0.72 MCI vs SCI: Best: cMTA: AUC = 0.75 Lowest: Visual MTA: AUC= 0.67	Automated volumetric measures from cNeuro has: - Strong agreement with expert visual MTA - Comparable and in some case superior diagnostic performance (especially AD vs SCI) ✔ Ratio-based metrics (ILV/Hip, cMTA) provide the best clinical value ➔ Supports integration of automated volumetry into routine memory clinic workflows	Badji et al. (submitted, 2026) Wittens et al. (2024) Mai et al. (2024) CONTACT  Atef Badji, MD, PhD Karolinska Institutet Email:atef.badji@ki.se ALZHEIMER’S ASSOCIATION AAIC>26