| Method | OASIS-Brain | Pediatric Airway | | | | | | |
|---------------|---------------------|-------------------------|------------------------|-----------------------|------------------------|------------------------|-----------------------|--|
| | | nasalspine | choana | epiglottic tip | \mathbf{TVC} | subglottis | carina | |
| LightGBM | 3.0785 ± 0.2852 | $50.5081{\pm}10.6371$ | $42.3419{\pm}4.5087$ | 40.9147 ± 1.3113 | $39.5711 {\pm} 2.9905$ | 30.1161 ± 2.9691 | $17.6331{\pm}1.7725$ | |
| EBM | 3.0804 ± 0.1696 | 65.6239 ± 10.2506 | 50.5583 ± 4.9465 | 78.4882 ± 17.5468 | 102.7091 ± 17.754 | 104.2232 ± 18.0343 | 81.3452 ± 20.4006 | |
| NAM | 3.1834 ± 0.1849 | 59.4108 ± 4.5717 | 47.3771 ± 3.4358 | 70.8585 ± 14.9689 | 86.5026 ± 16.0979 | 86.5572 ± 16.1736 | 80.8666 ± 18.0153 | |
| PlainMLP | 3.1895 ± 0.1202 | 59.3684 ± 8.7473 | 46.6766 ± 3.8046 | 41.8936 ± 1.2427 | 43.6047 ± 4.5201 | 34.1364 ± 3.4129 | 18.7757 ± 2.7239 | |
| GAMLSS | 3.1214 ± 0.3022 | 114.8559 ± 11.0354 | 48.5584 ± 4.4919 | 40.8257 ± 1.6604 | 46.7981 ± 4.6078 | 37.6076 ± 3.8126 | 19.3311 ± 2.6193 | |
| NAMLSS | 3.1006 ± 0.1757 | $53.3489 {\pm} 11.3645$ | 44.6601 ± 4.8858 | $39.7347{\pm}2.5717$ | 45.337 ± 9.4324 | 38.0034 ± 10.8765 | 18.8011 ± 3.4943 | |
| LA-NAM | $3.0619{\pm}0.1679$ | 97.3163 ± 8.4914 | 56.1675 ± 7.746 | 92.5769 ± 17.0042 | 100.0374 ± 28.6009 | 100.735 ± 31.2878 | 99.3231 ± 24.7711 | |
| Ours_no_prior | 3.0757 ± 0.225 | 64.7846 ± 7.8943 | 46.037 ± 3.6327 | 42.3854 ± 3.5059 | 41.3512 ± 3.2084 | 31.5489 ± 3.1855 | 18.0281 ± 2.6473 | |
| Ours_part | 3.0928 ± 0.1975 | 79.7719 ± 10.3202 | 44.3426 ± 3.8319 | 40.5662 ± 2.6101 | 39.9039 ± 2.3953 | $29.8343{\pm}1.7406$ | 18.5609 ± 1.4272 | |
| Ours_full | $3.0708{\pm}0.1877$ | 57.5528 ± 9.8469 | $43.0832 {\pm} 4.6037$ | $39.1137{\pm}2.3979$ | $35.7647{\pm}2.0409$ | $26.1361 {\pm} 1.6574$ | $16.0143{\pm}2.1051$ | |

Table 2: Quantitative Evaluation of Normalized Brain Volume Regression (OASIS Brain Dataset) and Cross-Sectional Area Regression (Pediatric Airway Dataset) with respect to Mean Absolute Relative Percent Difference (MARPD, %). We also evaluate with respect to different landmarks. The {TVC, subglottic and carina} landmarks are significant landmarks for airway obstruction analysis. Bold red values indicate the best scores across all methods. Bold black values indicate the 2nd best scores of all methods. Ours np refers to LucidAtlas without incorporating prior knowledge. Ours part denotes our model trained only on complete data, while Ours imp represents using the full dataset for training, including missing values. LucidAtlas performs best overall.

| Method | OASIS-Brain | Pediatric Airway | | | | | | |
|---------------|-----------------------|---------------------|-----------------------|------------------------|----------------------|----------------------|----------------------|--|
| | | nasalspine | choana | epiglottic tip | TVC | subglottis | carina | |
| PlainMLP | 0.8123 ± 0.2113 | 1.5753 ± 1.3779 | 0.7499 ± 0.2747 | -0.1549 ± 0.1276 | -0.8544 ± 0.1313 | -1.2154±0.1666 | -1.3672 ± 0.1269 | |
| GAMLSS | $0.8184 {\pm} 0.3642$ | 1.4964 ± 0.0977 | $0.9985 {\pm} 0.1102$ | -0.1516±0.1991 | -0.743 ± 0.0923 | -1.1412±0.0893 | -1.3632±0.0917 | |
| NAMLSS | 0.6827 ± 0.0468 | 1.2118 ± 0.796 | 0.7778 ± 0.24 | $-0.2146 {\pm} 0.1404$ | -1.016 ± 0.1102 | $-1.4053{\pm}0.0551$ | -1.2714 ± 0.2415 | |
| LA-NAM | 0.7909 ± 0.0199 | 1.0725 ± 0.3471 | 0.9772 ± 0.1086 | 0.754 ± 0.0204 | 0.7278 ± 0.0176 | 0.7262 ± 0.0208 | 0.7241 ± 0.0284 | |
| Ours_no_prior | $0.6703 {\pm} 0.062$ | $0.7129{\pm}0.543$ | 0.667 ± 0.1812 | -0.1519 ± 0.0939 | -1.0061 ± 0.1554 | $-1.387{\pm}0.209$ | -1.366 ± 0.1903 | |
| Ours_part | 0.6973 ± 0.0623 | $0.8338{\pm}0.3855$ | $0.6482{\pm}0.1836$ | -0.1513 ± 0.2351 | -0.9429 ± 0.1395 | -1.3572 ± 0.1222 | -1.2978 ± 0.0566 | |
| Ours_full | $0.6795{\pm}0.0451$ | 0.8345 ± 0.9108 | $0.5959{\pm}0.2575$ | $-0.2266{\pm}0.1232$ | -1.2297 ± 0.141 | -1.0654 ± 1.2994 | $-1.3889{\pm}0.3671$ | |

Table 3: Quantitative Comparison of Different Ways of Marginalization. NLL is computed between the marginalized covariate interpretation and the data distribution. A \checkmark in the Corr. column indicates that covariate dependence is considered, while \times signifies that it is ignored. Accounting for covariate dependence improves alignment between covariate interpretation and the data distribution.

| Pediatric Airway | | | | | | | | | |
|------------------|----------|-----------------------|--------------------------|----------------------------|------------------------|------------------------|------------------------|--|--|
| Feat | Corr. | nasalspine | choana | $\mathbf{epiglottic}_t ip$ | TVC | subglottis | carina | | |
| AGE | X | $1.0335 {\pm} 0.21$ | 0.6739 ± 0.2276 | -0.1435 ± 0.1208 | -0.6305 ± 0.1976 | -0.8576 ± 0.209 | -0.8948 ± 0.1024 | | |
| AGE | ✓ | $0.8571 {\pm} 0.8581$ | $\bf0.5498 {\pm} 0.2659$ | $-0.2535{\pm}0.0749$ | -1.1774 ± 0.1022 | -1.5772 ± 0.1304 | $-1.4041 {\pm} 0.1547$ | | |
| HEIGHT | X | 1.0912 ± 0.5217 | $0.7085 {\pm} 0.2158$ | -0.1917 ± 0.1053 | -0.7925 ± 0.1851 | -1.0231 ± 0.1918 | -0.8743 ± 0.1389 | | |
| HEIGHT | √ | $0.5881{\pm}0.6109$ | $\bf0.5644{\pm}0.2663$ | $-0.2732 {\pm} 0.111$ | -1.2172 ± 0.1309 | $-1.6003 {\pm} 0.1452$ | $-1.4548 {\pm} 0.1164$ | | |
| WEIGHT | X | 1.2684 ± 0.5669 | 0.8323 ± 0.2044 | -0.151±0.0913 | -0.5594 ± 0.1265 | -0.7481 ± 0.1317 | -0.7306 ± 0.103 | | |
| WEIGHT | ✓ | $0.7577{\pm}0.6689$ | $0.6124 {\pm} 0.2241$ | $-0.2253{\pm}0.0976$ | $-1.1127 {\pm} 0.1567$ | $-1.4818 {\pm} 0.1704$ | $-1.3356{\pm}0.0666$ | | |

Table 4: Quantitative Comparison of Different Ways of Marginalization. NLL is computed between the marginalized covariate interpretation and the data distribution. A \checkmark in the Corr. column indicates that covariate dependence is considered, while \succ signifies that it is ignored. Accounting for covariate dependence improves alignment between covariate interpretation and the data distribution.

| Time | OASIS Brain | Pediatric Airway | | | | | | | |
|------|---------------------|-------------------------|-----------------------|------------------------|-----------------------|------------------------|----------------------|--|--|
| | | nasalspine | choana | epiglottic tip | TVC | subglottis | carina | | |
| T0 | $1.6147{\pm}0.3043$ | $42.1939{\pm}23.2475$ | $38.1825{\pm}10.4036$ | 52.2004 ± 18.928 | $42.7377{\pm}13.1737$ | $27.059{\pm}10.8268$ | 18.5224 ± 7.9335 | | |
| Pop. | 3.2932 ± 0.5446 | 74.0849 ± 24.6666 | 40.4904 ± 3.1551 | $45.0938 {\pm} 9.1101$ | 43.2648 ± 4.2845 | 29.6953 ± 2.8212 | 18.3675 ± 1.7419 | | |
| Ind. | $1.3633{\pm}0.1764$ | $42.7979 {\pm} 23.2923$ | $37.539 {\pm} 9.9442$ | 52.3188 ± 19.109 | $41.3312{\pm}10.2495$ | $24.7931 {\pm} 6.6426$ | $16.41{\pm}4.0892$ | | |

Table 5: Mean Absolute Relative Percent Difference (in %) for Individualized Prediction. **T0** in the **Time** column indicates directly using the observation from the initial time point T0 to predict at time T1. **Pop.** indicates ignoring the observation at T0 and directly using the mean population value $f^m(\mathbf{c}, x)$ for individualized prediction for T1. **Ind.** indicates our individualized prediction approach illustrated in Sec.3.4.2. Individualized prediction provides the best performance for both datasets and for most landmarks.

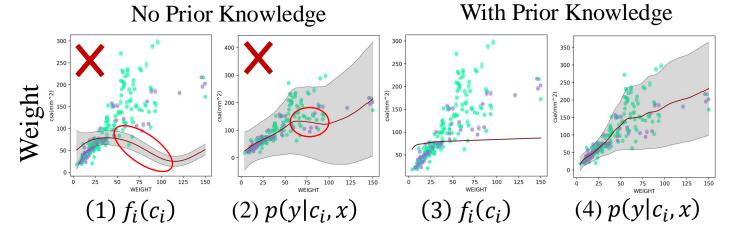


Figure 3: Visualizations of the Effect of Prior Knowledge in LucidAtlas at the Subglottis Landmark (Pediatric Airway Dataset). The × symbol indicates the covariate interpretation contradicts prior knowledge, such as the NAM incorrectly interpreting airway CSA as decreasing with a child's weight. Without incorporating prior knowledge, the model may deviate form our prior assumptions. Without marginalization, to account for covariate dependencies, the data may not be fit well.

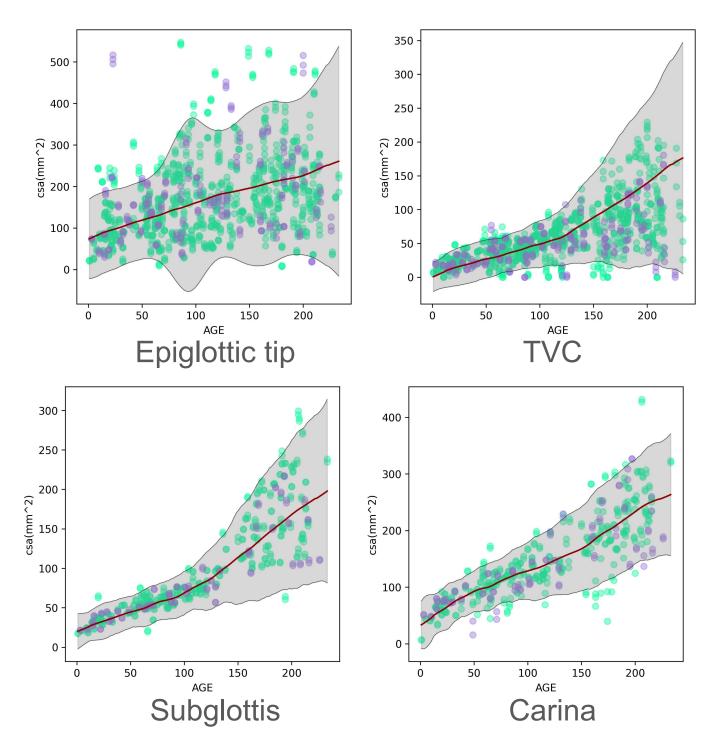


Figure 2: Visualization of learned $p(y|c_i,x)$ at different landmarks with LucidAtlas.