

# Zero-shot capability of 2D SAM-family models for bone segmentation in CT scans

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## 1 Introduction

The Segment Anything Model (*SAM*) [5] is a promptable 2D foundation model (FM) for segmentation, recently extended to *SAM2* [10]. Evaluation studies of *SAM* and *SAM2* on various medical datasets employing different prompting strategies have shown some preliminary promising results but also limitations [1, 3, 4, 8, 9], motivating the development of FM dedicated to medical image segmentation [2, 7, 12, 14]. To be potentially used in a clinical setting, extensive evaluation studies are crucial, to identify their weaknesses and risks; while developing guidelines for robust and efficient prompting. Currently, there exists no such independent study on bone segmentation in CT scans, which, due to their distinct boundaries, should lead to promising results [9]. Thus, we perform an evaluation study to test the zero-shot capability of SAM-family models with different non-iterative prompting strategies for bone CT segmentation, on a private yet clinically representative dataset.

## 2 Method

**Models** We investigate in total 9 models of the SAM-family: *SAM* [5] (base (B), large (L), huge (H) model sizes), *SAM2* [10] (tiny (T), small (S), base+ (B+), large (L)), *Med-SAM* [7] (unique size) and *SAM-Med2D* [2] (unique size).

**Data** As SAM derivatives (e.g., *Med-SAM*) are fine-tuned on publicly available datasets [6, 11, 13]), we have to resort to a private (Amsterdam UMC) dataset we compiled, to ensure a fair comparison across all models. It contains two different skeletal regions: 15 bilateral shoulder CT scans with labels for scapula and humerus and 40 unilateral wrist CT scans with labels for capitate, lunate, radius, scaphoid, triquetrum, and ulna.

**Prompting strategies** We use non-iterative prompts, automatically extracted from reference masks. There are 5 prompt primitives (bounding box, center, centroid, positive and negative points) and two variants (single and multiple), see Fig. 1. The primitives are used either individually (bbox, center, centroid, 1/3/5/10 positive points) or in combinations (bbox + center, bbox + 1 or 5 positive or negative points) in both variants, for a total of 24 strategies per model; except *Med-SAM* which only supports bounding boxes.

**Metrics** The Dice Coefficient (Dice) and 95%-percentile Hausdorff distance (HD95) are used as performance metrics.

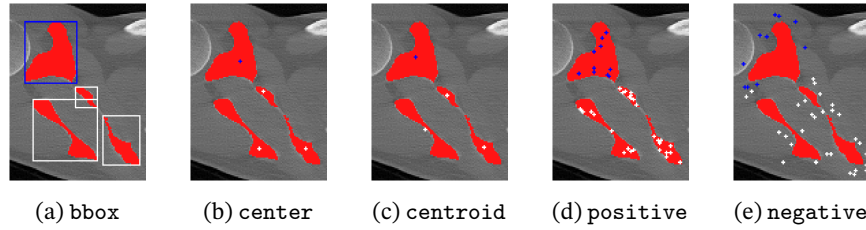


Fig. 1: Prompt primitives: (a) bounding box, (b) center, (c) centroid, (d) positive random points inside the object, (e) negative random points outside the object. The largest component’s prompt is blue (i.e., `single`), while the others are white, resulting in the `multiple` setting when all prompts are used.

### 3 Results

A prompt subset, based on their overall ranking of Dice performance, is displayed in Fig. 2. The best results—all involving the `bbox` primitive—are located in the lower right corner of Fig. 2, i.e., high Dice and low HD95.

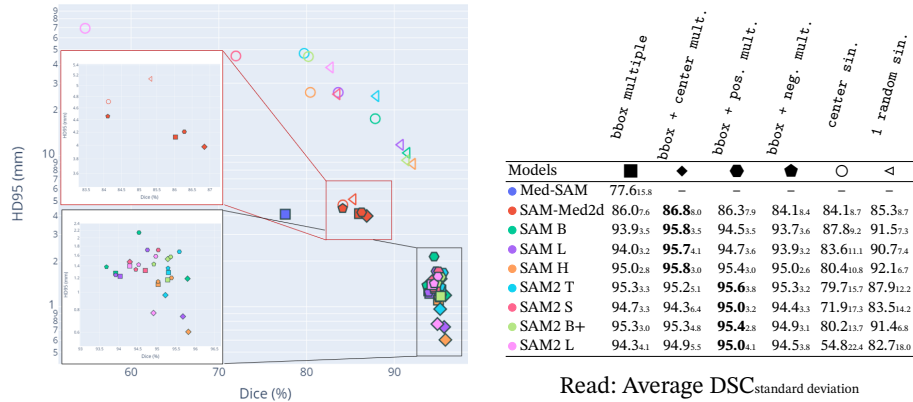


Fig. 2: (Left) Performance scatter plot, (right) Dice (%) performance of best settings.

### 4 Conclusion

Testing the zero-shot capability of SAM-family models on bone CT scans is crucial to assess risks for clinical application and define an optimal prompting strategy. Despite the size of our current dataset, valuable conclusions can already be drawn: the medically fine-tuned SAM-versions are outperformed by the original SAM and SAM2. Point prompts—such as `center`, `centroid` or `positive`—independent of the number of points, show higher HD95 and lower Dice as prompts involving only bounding boxes, whereas bounding box combined with center points shows the best performances. We plan to extend our dataset and perform a more exhaustive evaluation of the models in follow-up works.

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