Supplementary



Fig. S1. Dataset composition. (a) Distribution of inner classes for each tag. The x-axis represents the tag names, while the y-axis indicates the number of occurrences for each tag. After selecting inner classes for each tag, we integrated them into one group. Therefore, the output dimension of the tag classifier becomes the size of that group (27: 26 classes + 1 'uncertain' class). (b) Distribution of organs in the dataset. Data labeled as 'uncertain' is extracted from colon or rectum, where there are no keywords related to organs in the reports.

Table S1. Implementation details. For training stage-1, we adopt the default settings from HIPT. To evaluate its effectiveness, we employ a classifier consisting of two linear layers followed by a softmax layer. While for stage-2 training, we run for 300 epochs and choose the model with the best tag classification accuracy on the validation set as the representative model. For comparative experiments without a Cl_{stag} , we select the model with the smallest L_{sen} .

	stage-1	stage-2
Epoch Number	500	300
Batch Size	64	1
Optimizer	SGD	AdamW
Learning Rate	1e-1	3e-3



Fig. S2. Additional report generation results for the kidney. (a) Ours provides accurate descriptions for all tags, generating additional descriptions for tags not mentioned in the ground truth report. Despite the high number of incorrect descriptions in MR-ViT^{*}_S, our METEOR score is only slightly upper than MR-ViT^{*}_S. (b) While our approach provides accurate descriptions for all tags, HIPT^{*}_S has one incorrect description and misses descriptions for two tags. Surprisingly, the METEOR score is higher for HIPT^{*}_S than Ours. This result suggests that NLG metrics may not absolutely represent the quality of medical report generation.

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