A Appendix of MEDBind: Unifying Language and Multimodal Medical Data Embeddings

Table A.1. Labels and prompts used for zero-shot evaluation for each dataset. We denote {LABEL} as the label associated with the patient case. For PTB-XL and ICBEB, {LABEL} were used to generate prompts. Since there are no available clinical reports for COVID dataset, we generated text prompts similar to MedCLIP [29] to include some radiological findings. We randomly selected 10 out of 20 generated prompts per label for COVID dataset and calculated the average cosine distance in zero-shot settings.

Dataset	Labels	Prompts		
COVID		COVID-19:["Multifocal bilateral		
		opacities.", "Atypical pneumonia with		
	COVID-19, Normal	peripheral distribution and sparing of		
		the lung apices."]		
		Normal:["Heart size is normal and		
		the lungs are clear.", "The heart is		
		normal in size and contour.",]		
RSNA	Pneumonia, Normal	Pneumonia: "Findings suggesting		
		pneumonia."		
		Normal:"No evidence of pneumonia."		
	Hypertrophy, Myocardial Infarc-			
PTB-XL	tion, STT Changes, Conduction	"This ECG shows {LABEL}."		
	disturbance, Normal sinus rhythm			
ICBEB	First-degree atrioventricular			
	block, atrial fibrillation, complete			
	left/right bundle branch block,	"This FCC shows SI ADEI 1 "		
	normal sinus rhythm, premature	INUS ECG SHOWS (LADEL).		
	atrial contraction, ST-segment			
	depression, ST-segment elevated			

Table A.2. Generated text for MIMIC-ECG and MIMIC-IV. Inputs are incorporated into the **Generated Text Format**. Each ECG contains a list of machine reports (i.e. report_0) for each ECG. MIMIC-IV-generated texts were used for mortality.

Datasets	Inputs	Generated Text Format	
MIMIC-ECG	<pre>[report_0, report_1,, report_17]</pre>	"ECG presents {report_0}. Add tional findings include the following {report_1,, report_17}."	
[gender, anchor_age, MIMIC-IV admission_type, admission_location]		"{gender} patient, who is at the age of {anchor_age}, was admit- ted as {admission_type}. Location: {admission_location}."	

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Fig. A.1. Three different training paradigms for downstream LLM tasks. 1) Text-only: Traditional method of prompt tuning using LoRA [8] to tune weights of BioBERT [17]. 2) Encoder Zoo: AnyMAL [22] paradigm for fine-tuning, which incorporates multiple modalities by inputting CXR and ECG tokens—generated either from CXR-CLIP [30] and ECG-CLIP or MedCLIP [29] and ECG-CLIP alongside clinical text. 3) MEDBind: which is a unified model for multimodal binding.

Table A.3. Rule-based method to label MIMIC-ECG data using clinical text. We label each class based on the expert-generated keywords found in [28] (Keywords) and excluded ECG if the associated clinical text contained content presented in **Disallowed** Content, which represents poor quality data.

Class	Disallowed Content	Keywords
Normal (NORM) Hypertrophy (HYP)	[borderline ecg, poor quality, without knowing patient, error, pediatric, warning: data quality, missing lead, unsuitable for analysis, motion artifacts, requires manual review, technical difficulties,	<pre>[normal ecg, no issues found, normal ekg, normal heart tracing, within normal limits] [hypertrophy, left atrial enlargement, LVH, LAO, overload, enlargement]</pre>
STT Changes (STTC)		[ST elevation, T wave changes, nonspecific T abnormalities, ST changes, T changes, ventricular premature complex, VPC, PVC, ST change]
Myocardiac Infarction (MI)		[myocardial ischemia, inferior infarct, anterior infarct, septa infarct]
Conduction Disorder (CD)	possibly, probable]	[degree A-V block, PAC, prolonged PR interval, conduction delay, left axis deviation, bundle branch block, pacemaker, atrial pacing, rBB, LAFB, PVC]

Table A.4. MIMIC-ECG class distribution using our rule-based approach. The table highlights the number of ECG cases in MIMIC-ECG detected. *N/A column represents ECGs that our approach could not label and were excluded from our study.

NORM	HYP	STTC	MI	CD	N/A*
34,097	$11,\!305$	28,918	19,242	31,438	$670,\!939$