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ABSTRACT

Fusing histopathology images and genomics data with deep learning has significantly advanced precision oncology. However, genomics data is often missing due to its high acquisition cost and complexity in real-world clinical scenarios. Existing solutions aim to reconstruct genomics data from histopathology images. Nevertheless, these methods typically relied only on individual cases and overlooked the potential relationships among cases. Additionally, they failed to take advantage of the authentic genomics data of diagnostically related cases that are accessible from training for inference. In this work, we propose a novel Multi-modal Structural Representation Learning (MSRL) framework for data-efficient precision oncology. We pre-train a histopathology-genomics multi-modal representation graph adopting Graph Structure Learning (GSL) to construct inter-case relevance based on the data inherently. During the fine-tuning stage, we dynamically capture structural relevance between the training cases and the acquired authentic cases for precise prediction. MSRL leverages prior inter-case associations and authentic genomics data from diagnosed cases based on the graph, which contributes to effective inference based on the single histopathology image modality. We evaluated MSRL on public TCGA datasets with 7,263 cases across various tasks, including survival prediction, cancer grading, and gene mutation prediction. The results demonstrate that MSRL significantly outperforms existing missing-genomics generation approaches with improvements of [1.44%](#) to 3.12% in C-Index on survival prediction tasks and achieves comparable performance to multi-modal fusion methods.

1 INTRODUCTION

Histopathology whole slide images (WSIs) describe detailed visual information of morphology features, cellular organization, and phenotypic characteristics, which are considered the gold standard for the assessment of cancer (Shmatko et al., 2022; Dimitriou et al., 2019; Hegde et al., 2019; Shamai et al., 2022; Kather et al., 2019). Genomics data provide quantitative molecular characteristics of the microenvironment, which is significant for precision medicine and targeted therapies (Zhang et al., 2021; Eraslan et al., 2019; Zhou et al., 2019; Jaume et al., 2024a; Kopp et al., 2020; Li et al., 2022b). Recently, an increasing number of studies on histopathology-genomics multi-modal learning have shown superior capabilities in precision oncology by providing a more personalized representation that comprehensively reflects the case’s status (Chen et al., 2020a; 2021; Zhou & Chen, 2023; Jaume et al., 2024b). Fusing morphological information from histology and molecular information from genomics data is the prevalent paradigm of multi-modal algorithms (Vale-Silva & Rohr, 2021; Mobadersany et al., 2018; Weng et al., 2019) as shown in Figure 1(a). However, the acquisition cost of genomics data is still very high, resulting in the lack of complete paired histopathology-genomics data in many practical inferences.

To address this challenge, some researchers focus on utilizing the histopathology data to reconstruct the missing genomics features and then apply multi-modal framework for prediction. These methods typically follow two paradigms: (1) constructing auxiliary tasks during training to reconstruct existing genomics data and encourage the model to build the associations between WSI and genomics features through reconstruction loss (Wu et al., 2024; Wang et al., 2025) [or distillation loss \(Xu et al., 2025\)](#) as shown in Figure 1(b); or (2) adopting generative approaches that condition on histopathology

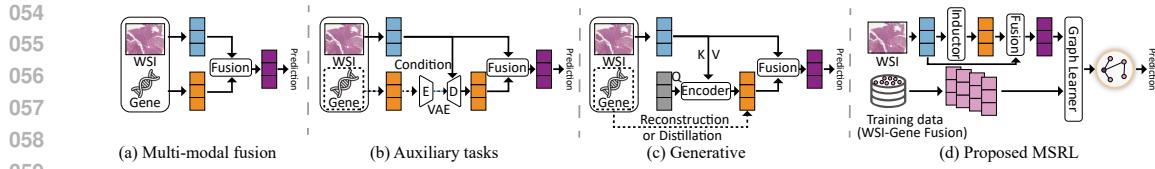


Figure 1: Differences between proposed MSRL and previous methods, where (a) shows multi-modal fusion methods, (b) and (c) depict WSI-based genomics reconstruction and distillation methods, where dashed lines indicate components used only during training and not involved in inference, and (d) presents our proposed MSRL, which incorporates authentic genomics data from diagnosed cases to assist gene reconstruction and inference.

data inputs to synthesize missing genomics features (Zhou et al., 2025) as shown in Figure 1(c). These approaches partially address the problem of missing the modality during inference. However, these methods suffer from the following two limitations: (1) **Ignoring potential relevance among cases.** Reconstruction-based approaches typically rely solely on the histopathology image of the individual case to predict genomics features and focused on intra-case multi-modal alignment while overlooking crucial inter-case relevance for cancer diagnosis. (2) **Underutilization of available authentic genomics data.** During inference, the genomics modality is entirely synthesized by these methods, and they neglect the authentic genomics data of diagnostically related cases that are accessible from training data. This limits the authenticity and informativeness of the generated features.

In the paper, we propose a novel histopathology-genomics Multi-modal Structural Representation Learning (MSRL) framework for data-efficient precision oncology. We adopt graph structure learning to pre-train a multi-modal representation graph to construct inter-case relevance based on the data inherently and enable dynamic graph construction for downstream tasks to achieve inference with the single histopathology image modality. The data-driven graph pre-training captures relevance among diagnostic cases. We introduce authentic data as auxiliary structural guidance to exploit the information of genomics data in missing modality scenarios during inference. Furthermore, we fine-tune the WSI encoder with the guidance of the multi-modal representation graph and enhance its ability to capture fine-grained morphology characteristics for data-efficient prediction with the single image modality. The main contributions of this work are summarized as follows:

1. We propose a novel **Multi-modal Structural Representation Learning (MSRL)** framework that effectively addresses cancer diagnosis tasks in genomics data missing scenarios. **MSRL** facilitates the reconstruction of missing genomics features by leveraging multi-modal relevance among cases and jointly enhance the representation capability of the WSI encoder, which significantly promotes data-efficient precision oncology.
2. We pre-train a multi-modal representation graph via self-supervised graph structure learning on a large-scale pan-cancer histopathology-genomics dataset. The pre-trained graph captures structural relevance among cases and is further utilized to guide dynamic graph construction during downstream inference, which contributes to effective prediction with the single WSIs modality. The framework leverages authentic genomics data as auxiliary supervision to reconstruct the missing modality data for inference, effectively maximizing the utility of available molecular information.
3. We evaluated our method on publicly available The Cancer Genome Atlas (TCGA) datasets for survival prediction and four precision diagnosis tasks. Experimental results show that our approach significantly outperforms existing methods designed for missing modality scenarios, and achieves comparable performance with multi-modal fusion methods.

2 RELATED WORK

Fusion-based Multi-modal methods Multi-modal approaches that integrate WSIs with genomics data offer a more comprehensive and objective representation for cancer diagnosis. Chen et al. (2021) proposed the MCAT framework to learn how histology patches attend to genes for survival prediction. Zhou & Chen (2023) utilized two parallel encoder-decoder structures to align WSI and genomics representations. Jaume et al. (2024b) tokenized genomics data and used a memory efficient

108 multi-modal Transformer to model interactions between pathway and histology patch tokens for
 109 prognosis. Xu & Chen (2023) and Zhang et al. (2024) leveraged optimal transport and prototypical
 110 information bottleneck theory, respectively, to fully enable the transfer and integration of information
 111 between the two modalities.

112 **Multi-modal methods with missing modality** Existing multi-modal fusion methods generally
 113 rely on the assumption that complete histopathology–genomics data pairs are available. However,
 114 acquiring genomics data is often costly and impractical, which results in missing modalities in real-
 115 world scenarios. To address this limitation, recent studies have explored methods for reconstructing
 116 paired genomics features from available histopathology images. One approach involves an auxiliary
 117 task during training to reconstruct the missing genomics data. Wang et al. (2024b; 2025) were the
 118 first to propose using initialized prompts to replace missing genomics data to enable interaction
 119 with histopathology features through the cross-attention module. The prompts reconstruct the
 120 missing modality representation guided by available genomics data during training, and then these
 121 learned prompts are subsequently applied for inference. Wu et al. (2024) introduced a proxy gene-
 122 reconstruction branch to guide the WSI encoder to extract genomics-related features from image
 123 modality. Zhou et al. (2025) proposed a conditional Latent Differentiation VAE (LD-VAE) to generate
 124 the missing genomics data from WSIs. Xu et al. (2025) employed a learnable prompt to substitute for
 125 the missing gene data and leveraged the powerful LLM (Large Language Model) to distill prognostic
 126 knowledge into the prompt learning process. Jin et al. (2025) ensured the decoder’s ability to complete
 127 the multi-modal information by integrating missing data reconstruction with knowledge distillation.
 128 These methods rely on individual case data to reconstruct genomics features, while overlooking
 129 inter-case relevance that could more effectively guide the recovery of missing modality. Moreover,
 130 during inference, they failed to leverage the auxiliary information of available genomics data, despite
 131 evidence (Shu et al., 2024) showing that existing database knowledge can significantly enhance cancer
 132 diagnosis. As a result, current approaches struggle to faithfully reconstruct high-density genomics
 133 information for effective inference.

134 **Graph Structure Learning (GSL)** Graph Neural Networks (GNNs) have demonstrated strong
 135 performance in modeling structural dependencies and supporting downstream inference. A typical
 136 GNN takes as input a set of nodes and edges, where the edge set encodes structural relationships
 137 between nodes. However, in many real-world scenarios, such prior structures are difficult to define or
 138 are contaminated by noise, for example, the relationships between cancer patients are not explicitly
 139 known. Such unreliable structures limit the representational power of GNNs.

140 To address this challenge, data-driven *Graph Structure Learning (GSL)* (Franceschi et al., 2019;
 141 Liu et al., 2022a) has emerged as an effective paradigm. The core idea of GSL is to incorporate
 142 the learning of graph structure into the task-driven learning process. Unlike traditional GNNs with
 143 fixed edge sets, GSL dynamically learns the edge structure during training based on node features
 144 and constructs an optimized graph topology. Li et al. (2023) summarized a general GSL pipeline: a
 145 *Graph Learner* takes an initial graph $\mathcal{G} = \{\mathbf{X}, \mathbf{A}\}$ as input—where \mathbf{A} is the adjacency matrix and
 146 \mathbf{X} is the node feature matrix—and outputs a refined graph $\mathcal{G}' = \{\mathbf{X}, \mathbf{A}'\}$, which is then fed into a
 147 GNN for representation learning and task inference. Notably, the original adjacency matrix \mathbf{A} is not
 148 required; the graph learner can construct \mathbf{A}' adaptively from the node features. Liu et al. (2022b), Li
 149 et al. (2022a), and Zhao et al. (2023) introduced contrastive learning to enable unsupervised GSL,
 150 eliminating the need for task labels and allowing the model to mine latent data correlations. Shen
 151 et al. (2024) further applied unsupervised GSL to multiplex graphs, offering a new perspective for
 152 structure learning in multi-modal learning.

153 3 METHODS

154 Our proposed framework consists of two stages: Multi-modal Structural Representation Pre-training
 155 and Fine-tuning. *In the first stage, as shown in Figure 2.(a), we leverage TCGA pan-cancer cases with*
 156 *complete multi-modal data for self-supervised pre-training.* This process aligns the representation
 157 spaces of WSI and genomics and simultaneously establishes multi-modal inter-case relevance. The
 158 abundance of pan-cancer data facilitates Graph Structure Learning (GSL) in constructing more
 159 generalized relevance patterns. Furthermore, the aligned genomics encoder can be more effectively
 160 applied to downstream tasks. *In the Fine-tuning stage, as shown in Figure 2.(b), we apply the*
 161 *pre-trained GSL to dynamically construct graphs for the current cases in the mini-batch and previous*

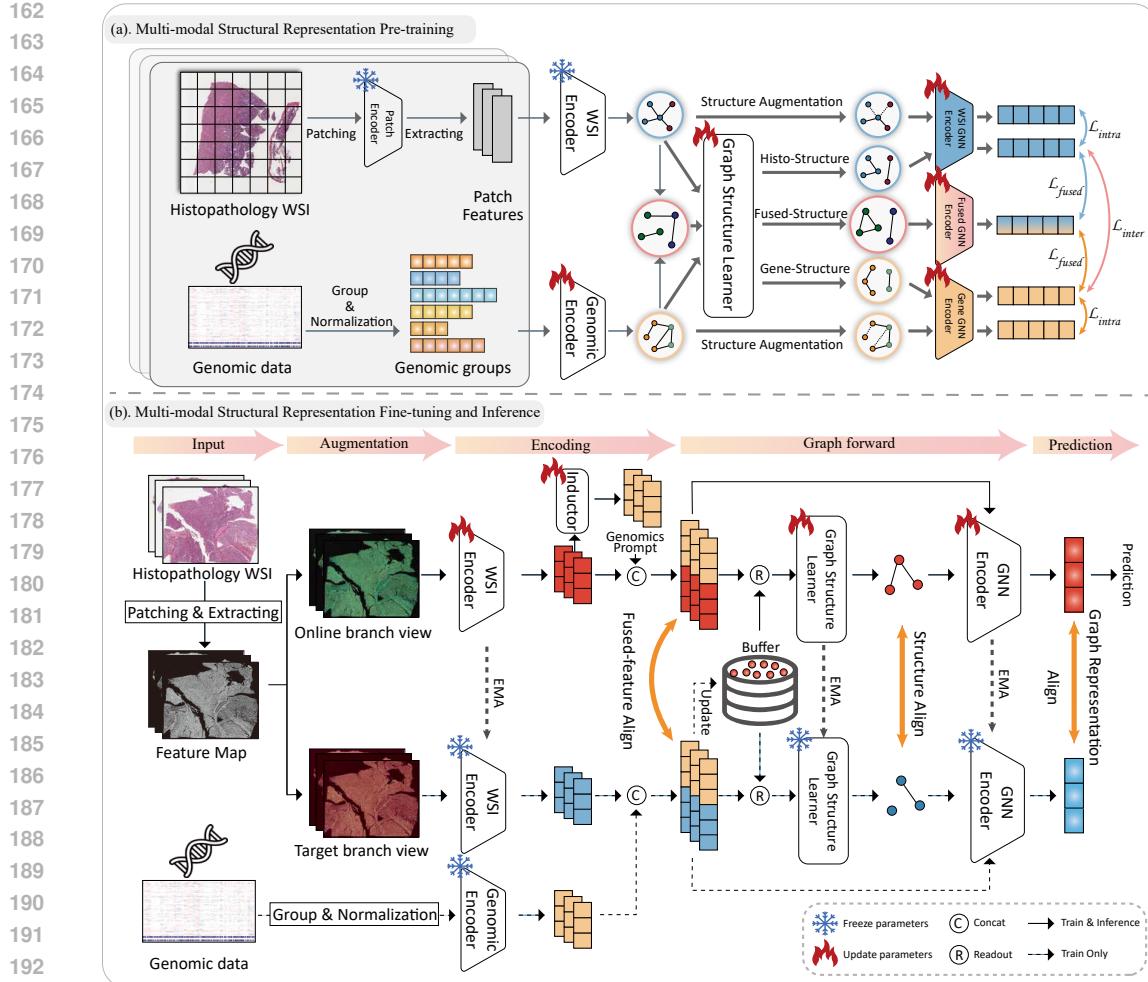


Figure 2: The framework of proposed MSRL, where (a) illustrates the multi-modal structural representation pre-training with TCGA pan-cancer dataset and (b) shows the fine-tuning to dynamically construct graphs for current cases and cases from the buffer, which leverages inter-case relevance and available authentic genomics data for inference.

cases from the training buffer. This leverages inter-case relevance and utilizes available authentic genomics data as auxiliary information for effective fine-tuning. Based on the above, we propose the Multi-modal Structural Representation Learning (MSRL) that jointly learn multi-modal case representations and the graph relevance among cases.

3.1 FORMULATION

Histopathology Representation For the k -th case, the WSI is denoted as I^k . After segmenting the foreground tissue region, the WSI is cropped into m^k non-overlapping patches, denoted as $\{p_i^k\}_{i=1}^{m^k}$. We leverage a powerful pathology foundation model for patch-level feature extraction and WSI encoder initialization. Specifically, the ViT-giant pretrained on GigaPath (Xu et al., 2024) is used to extract patch features, denoted as $\mathbf{X}_I^k \in \mathbb{R}^{m^k \times d_p}$, where d_p is the dimension of the patch feature. The Transformer-based LongNet (Ding et al., 2023) pretrained on GigaPath is used to initialize the WSI encoder $\phi_H(\cdot)$. The WSI representation is the [CLS] token of $\phi_H(\mathbf{X}_I^k)$ formulated as $\mathbf{h}^k \in \mathbb{R}^{d_h}$, where d_h is the dimension of WSI feature.

Genomics Representation We collect bulk gene expression profiles for each case, denoted as V^k , where each profile contains thousands of expression values. Following prior work (Chen et al., 2021; Zhou & Chen, 2023; Jaume et al., 2024b) and the biological functional grouping of genes, we divide the genes into n groups (Liberzon et al., 2015). Each group is encoded using an independent

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Algorithm 1: Graph Structure Learner (GSL)

218 **Input:** The node features $\mathbf{X} \in \mathbb{R}^{K \times d_x}$;
 219 **Output:** Refined adjacency matrix \mathbf{A}^r

220 1 $\mathbf{E}^{(0)} \leftarrow \mathbf{X}$, and the learner contains L layers;
 221 2 **for** $l = 1$ **to** L **do**
 222 3 **for** $i = 1$ **to** K **do**
 223 4 $z_i^{(l)} = \mathbf{E}_i^{(l-1)} \odot \omega^{(l)}$, where \odot is Hadamard product and ω is the learnable weight vector;
 224 5 $\mathbf{E}^{(l)} = \sigma([z_1^{(l)}, \dots, z_K^{(l)}]^T)$, where σ is the nonlinear activation function;
 225 6 $\mathbf{A}^r = \text{post_processing}(\mathbf{S})$; $\mathbf{S} \leftarrow \mathbf{E}^{(L)}(\mathbf{E}^{(L)})^T$; // The post-processing steps are
 226 described in Appendix D.2.
 227 7 **return** Refined adjacency matrix \mathbf{A}^r

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229 SNN network (Klambauer et al., 2017), denoted as $\mathbf{X}_G^k \in \mathbb{R}^{n \times d_g}$, where d_g is the dimension of
 230 each grouped gene feature. The genomics feature of the case is the mean pooling of these groups
 231 formulated as $\mathbf{g}^k \in \mathbb{R}^{d_g}$, where $d_g = d_h = d$.

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233 **Graph Representation** We initialize three graphs: $\mathcal{G}_H = \{\mathbf{H}, \mathbf{A}_H\}$, $\mathcal{G}_G = \{\mathbf{G}, \mathbf{A}_G\}$, and
 234 $\mathcal{G}_F = \{\mathbf{F}, \mathbf{A}_F\}$, representing the histopathology graph, gene graph, and fused multi-modal graph,
 235 respectively. Specifically, $\mathbf{H} = \{\mathbf{h}^k\}_{k=1}^K$ and the adjacency matrix $\mathbf{A}_H \in [0, 1]^{K \times K}$ is initialized
 236 by applying K-Nearest Neighbors (KNN) clustering on \mathbf{H} , where K is the total number of patients.
 237 The graphs \mathcal{G}_G and \mathcal{G}_F are constructed in the same manner. We fuse multi-modal features with a
 238 simple strategy: $\mathbf{f}^k = \text{concatenate}(\mathbf{g}^k, \mathbf{h}^k) \in \mathbb{R}^{2d}$, in order to evaluate the contribution of case-level
 239 structural representation learning rather than complex fusion techniques.

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3.2 MULTI-MODAL STRUCTURAL REPRESENTATION PRE-TRAINING

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242 We leverage the pan-cancer data and introduce self-supervised GSL to achieve discriminative and
 243 generalized multi-modal structural representation learning, as illustrated in Figure 2.(a). The core
 244 component of GSL is a parameterized graph learner that adaptively infers the optimal refined structure
 245 from the input node features (Li et al., 2023; Liu et al., 2022b; Li et al., 2022a; Zhao et al., 2023;
 246 Shen et al., 2024), which takes the original graph as input. The definition of *GSL* are described in
 247 Algorithm 1. Subsequently, we detail the role of *GSL* during pre-training.

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249 **Intra-modality GSL** The diagnostic relevance among cases is inherently reflected within the identical
 250 modality. We adopt a contrastive learning paradigm (Chen et al., 2020b; Tian et al., 2020) to uncover
 251 intra-modality relevance among cases. For the pathology graph $\mathcal{G}_H = \{\mathbf{H}, \mathbf{A}_H\}$, we input the node
 252 features into the pathology-specific graph structure learner and obtain the refined pathology-modality
 253 adjacency matrix, denoted as $\mathbf{A}_H^r = \text{GSL}_H(\mathbf{H})$. Additionally, we apply random edge dropout
 254 and edge addition to generate an augmented adjacency matrix, denoted as \mathbf{A}_H^{aug} . Then, both views
 255 are passed through the pathology-specific Graph Convolutional Network (GCN) encoder (Kipf &
 256 Welling, 2016), which is formulated as follows

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$$\mathbf{Z}_H = \text{GCN}_H(\mathbf{A}_H^r, \mathbf{H}) \in \mathbb{R}^{K \times d_f}, \mathbf{Z}_H^{aug} = \text{GCN}_H(\mathbf{A}_H^{aug}, \mathbf{H}) \in \mathbb{R}^{K \times d_f}, \quad (1)$$

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259 The InfoNCE loss (Liang et al., 2023) is employed as the intra-modal constraint to maximize the
 260 agreement between the node representations of the same case and minimize the similarity between
 261 those of different cases within each modality. The loss is defined as follows

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$$\mathcal{L}_{\text{InfoNCE}}(\mathbf{Z}_H; \mathbf{Z}_H^{aug}) = - \sum_{k=1}^K \log \frac{\exp(\text{sim}(z_k, z_k^{aug})/\tau)}{\sum_{i=1}^K \exp(\text{sim}(z_k, z_i^{aug})/\tau)}, \quad (2)$$

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264 where $\text{sim}(\cdot, \cdot)$ denotes the cosine similarity between two representations, and τ is a temperature
 265 hyperparameter. We accordingly obtain the structure construction for the genomics modality \mathbf{Z}_G and
 \mathbf{Z}_G^{aug} , and the intra-modality structure learning loss function formulated as follows

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$$\mathcal{L}_{\text{intra}} = \frac{1}{2} (\mathcal{L}_{\text{InfoNCE}}(\mathbf{Z}_H; \mathbf{Z}_H^{aug}) + \mathcal{L}_{\text{InfoNCE}}(\mathbf{Z}_G; \mathbf{Z}_G^{aug})). \quad (3)$$

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268 **Inter-modality GSL** Histopathology and genomics describe a case's status from different per-
 269 spectives. We introduce inter-modality GSL to align their respective structures within a unified

270 representation space. The InfoNCE loss is utilized to maximize the agreement between the different
 271 modal representations of the same case, which is formulated as follows
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$$273 \quad \mathcal{L}_{inter} = \frac{1}{2}(\mathcal{L}_{InfoNCE}(\mathbf{Z}_H; \mathbf{Z}_G) + \mathcal{L}_{InfoNCE}(\mathbf{Z}_G; \mathbf{Z}_H)). \quad (4)$$

275 **Fused-modality GSL** Multi-modal fusion representations provide a more comprehensive and ob-
 276 jective description of case information. Therefore, we further introduce a structural constraint to
 277 ensure that the fused representations preserve pathology-specific and genomics-specific character-
 278 istics. The multi-modal structure learner is employed to refine the adjacency matrix, denoted as
 279 $\mathbf{A}_F^r = GSL_F(\mathbf{F})$. Consequently, we obtain the graph-encoded multi-modal representations denoted
 280 as $\mathbf{Z}_F = GCN_F(\mathbf{A}_F^r, \mathbf{F})$. We then employ the InfoNCE loss to maximize the agreement between
 281 the uni-modal representations and the fused multi-modal representation within the same case, which
 282 is formulated as follows
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$$284 \quad \mathcal{L}_{fused} = \frac{1}{2}(\mathcal{L}_{InfoNCE}(\mathbf{Z}_F; \mathbf{Z}_H) + \mathcal{L}_{InfoNCE}(\mathbf{Z}_F; \mathbf{Z}_G)). \quad (5)$$

286 Based on the above components, the overall pre-training loss is formulated as $\mathcal{L}_{gsl} = \mathcal{L}_{intra} +$
 287 $\mathcal{L}_{inter} + \mathcal{L}_{fused}$. The multi-perspective constraints facilitate training robust multi-modal graph
 288 structure learners and construct an effective multi-modal structural representation graph.
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290 3.3 MULTI-MODAL STRUCTURAL REPRESENTATION FINE-TUNE AND INFERENCE

292 In this stage, we construct an online-target dual-branch architecture along with a buffer mechanism,
 293 as depicted in Figure 2(b). The online branch performs efficient task prediction using only WSI data.
 294 The target branch, which is only activated during training, receives complete multi-modal data and
 295 guides the WSI uni-modal input online branch to learn inter-case relevance representations, thereby
 296 completing the missing genomics information. Furthermore, the buffer stores the complete multi-
 297 modal representations of the training samples, serving as a key component for incorporating authentic
 298 data to construct inter-case relevance. Subsequently, we detail the specifics of each component.

299 **The Buffer mechanism** In the missing gene scenario, we define the training dataset as $\mathcal{D}_{train} =$
 300 $\{I^s, V^s, y^s\}_{s=1}^{S_1}$, and the testing dataset as $\mathcal{D}_{test} = \{I^s, y^s\}_{s=1}^{S_2}$, where S_1 and S_2 denote the
 301 number of training and test cases, respectively, and y is the task label. The feature buffer is ini-
 302 tialized using the available authentic data of training cases, denoted as $\mathcal{D}_{buffer} = \{\mathbf{f}^s\}_{s=1}^{S_1} =$
 303 $\{\text{concatenate}(\phi_G(\mathbf{X}_G^s), \phi_H(\mathbf{X}_I^s))\}_{s=1}^{S_1}$, where ϕ_G is the pre-trained genomics encoder of first stage
 304 and ϕ_H is the WSI encoder. The learned features of the target branch from authentic multi-modal
 305 data are utilized to update the buffer with the First-In-First-Out (FIFO) strategy, which ensures the
 306 buffer representations remain up-to-date.

307 **Dual-branch training with complete modalities** The target branch utilizes the relevance derived
 308 from complete multi-modal training data to guide the online branch in learning the missing genomics
 309 information. Inspired by prior work (Chen & Lu, 2023), we employ mixup-based augmentations to
 310 generate distinct input views for the online and target branches, respectively. We design the **Inductor**
 311 module to address the absence of genomics data in the online branch, as illustrated in the encoding
 312 phase of Figure 2(b). Specifically, the **Inductor** module adopts the same SNN network architecture
 313 (Klambauer et al., 2017) as the genomics encoder, but takes the WSI representation as input and
 314 outputs a genomics prompt that serves as a placeholder for the missing data. This prompt, combined
 315 with the WSI representation, constitutes the online branch’s multi-modal representation. The missing
 316 gene information is subsequently completed through the construction of multi-modal relevance during
 317 the Graph Forward (GF) process, which is presented in Algorithm 2.I

318 **Hierarchical Alignment** We introduce hierarchical losses to jointly optimize multi-modal repres-
 319 entation learning and structure learning, as illustrated in Algorithm 2.II. Firstly, we impose constraints
 320 on the features derived both preceding and succeeding the graph learning phases, which ensures the
 321 stable and comprehensive learning of authentic multi-modal data representations by the online branch
 322 and is formulated as follows

$$323 \quad \mathcal{L}_{f-align} = \mathcal{L}_{InfoNCE}(\mathbf{f}, \hat{\mathbf{f}}), \quad \mathcal{L}_{g-align} = \mathcal{L}_{InfoNCE}(\mathbf{Z}, \hat{\mathbf{Z}}), \quad (6)$$

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333**Algorithm 2: Multi-modal Structural Representation Fine-tune and Inference**

1 **I.Function Graph Forward (GF):**
 Input: Slide features \mathbf{h} , Gene features \mathbf{g} , Buffer D_{buffer}
 Output: $\mathbf{f}, \mathbf{A}^r, \mathbf{Z}$
2 $\mathbf{f} \leftarrow \text{concatenate}(\mathbf{g}, \mathbf{h});$
3 $\mathbf{F} \leftarrow \text{Readout}(D_{\text{buffer}}, \mathbf{f})$ // Combining features of the current cases with
 the others in the buffer.
4 $\mathbf{Z} \leftarrow \text{GCN}(\mathbf{A}^r, \mathbf{F}); \mathbf{A}^r \leftarrow \text{GSL}(\mathbf{F})$ // Definition of GSL as shown in
 Algorithm 1.
5 **return** $\mathbf{f}, \mathbf{A}^r, \mathbf{Z};$

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6 **II.Fine-tuning procedure with complete modalities:**
7 $\phi_H \leftarrow \text{pre-trained WSI encoder}, \phi_G \leftarrow \text{pre-trained Gene encoder};$
8 // Encoding
9 $\mathbf{g} \leftarrow \text{Inductor}(\mathbf{h}), \mathbf{h} \leftarrow \phi_H(\mathbf{X}_I^{\text{aug}});$ // Online branch input
10 $\hat{\mathbf{g}} \leftarrow \phi_G(\mathbf{X}_G), \hat{\mathbf{h}} \leftarrow \phi_H(\hat{\mathbf{X}}_I^{\text{aug}});$ // Target branch input
11 // Graph Froward
12 $\mathbf{f}, \mathbf{A}^r, \mathbf{Z} \leftarrow GF_{\text{online}}(\mathbf{h}, \mathbf{g}, D_{\text{buffer}});$
13 $\hat{\mathbf{f}}, \hat{\mathbf{A}}^r, \hat{\mathbf{Z}} \leftarrow GF_{\text{target}}(\hat{\mathbf{h}}, \hat{\mathbf{g}}, D_{\text{buffer}});$
14 $D_{\text{buffer}} \leftarrow \text{update}(D_{\text{buffer}}, \hat{\mathbf{f}});$
15 Calculate losses: $\mathcal{L}_{f,\text{align}}(\mathbf{f}, \hat{\mathbf{f}}), \mathcal{L}_{g,\text{align}}(\mathbf{Z}, \hat{\mathbf{Z}}), \mathcal{L}_{s,\text{align}}(\mathbf{A}^r, \hat{\mathbf{A}}^r), \mathcal{L}_{\text{task}}(\mathbf{Z}, y);$

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16 **III.Inference procedure with WSI modality:**
17 $\mathbf{g} \leftarrow \text{Inductor}(\mathbf{h}), \mathbf{h} \leftarrow \phi_H(\mathbf{X}_I);$
18 $\mathbf{f}, \mathbf{A}^r, \mathbf{Z} \leftarrow GF_{\text{online}}(\mathbf{h}, \mathbf{g}, D_{\text{buffer}});$
19 Prediction with $\mathbf{Z};$

Moreover, we adopt sparsity-balanced binary cross-entropy (BCE) loss (Duan et al., 2024) to align graph structures between \mathbf{A}^r and $\hat{\mathbf{A}}^r$. For the target graph, we assume there are c_0 zero and c_1 non-zero elements in $\hat{\mathbf{A}}^r$, where $c_0 \gg c_1$. To balance the loss between zeros and non-zeros, we apply scaling factors on each element loss as follows

$$\mathcal{L}_{s,\text{align}} = BCE(\mathbf{A}^r, \hat{\mathbf{A}}^r) = \alpha_0 \sum_{i=1}^{c_0} \mathcal{L}_i^0 + \alpha_1 \sum_{j=1}^{c_1} \mathcal{L}_j^1, \quad \alpha_0 = \frac{c_0 + c_1}{2c_0}, \quad \alpha_1 = \frac{c_0 + c_1}{2c_1}, \quad (7)$$

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where \mathcal{L}^0 and \mathcal{L}^1 denote the loss calculated for zero and non-zero elements in $\hat{\mathbf{A}}^r$. The joint loss calculated in the fine-tune stage is formulated as $\mathcal{L}_{\text{fine_tune}} = \mathcal{L}_{f,\text{align}} + \mathcal{L}_{g,\text{align}} + \mathcal{L}_{s,\text{align}} + \mathcal{L}_{\text{task}}$. The loss function is used exclusively to update the online branch, while the target branch is updated using an EMA (He et al., 2020) strategy to prevent representation collapse.
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Inference and Prediction with WSI modality We apply the online branch for task inference as illustrated in Algorithm 2.III, where the trained Inductor is capable of estimating the missing genomics data. The integration of authentic genomics data from the buffer assists in completion of the missing genomics and facilitates data-efficient inference based on the single WSI modality.
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366**4 EXPERIMENTS**367
368**4.1 DATASETS AND SETTINGS**369
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Datasets: We collect and curate n=7,263 cases with WSI-gene pairs from the TCGA pan-cancer dataset containing 32 cancer subtypes across 12 primary tumor sites. We construct a pre-training dataset including 6,361 cases without any diagnostic information for MSRL first-stage. For fine-tuning, we evaluate the proposed MSRL framework on six TCGA cohorts. Details of fine-tuning datasets and prep-rocessing of data are provided in the Appendix C.
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Experimental Settings: All test data are excluded from the first-stage pre-training. We implement two model variants: MSRL_H excludes genomics data during fine-tuning, with no genomics input to the target branch, no Inductor in the online branch, and the buffer contains WSI embeddings rather than fused feature. MSRL_{multi} incorporates authentic genomics data in the online branch and replaces the Inductor with the pre-trained ϕ_G . We introduced with several foundation models to

378 serve as pre-trained baselines for comparison (Shao et al., 2025; Xu et al., 2024; Wang et al., 2024a; 379 Ding et al., 2025). All foundation models utilized their respective patch encoders and initialized 380 the slide encoders with public pre-trained weights. Then, we fine-tuned the slide encoder across all 381 downstream tasks to ensure the objectivity and fairness of the reported results.

382 Table 1: The C-Index (mean \pm std) on five survival prediction tasks, where “h.” and “g.” indicate 383 rely on WSI and genomics, respectively. The cyan background represents methods trained with 384 multi-modality data but inference with WSI. The best, second-best overall, and the best in cyan 385 background results are highlighted in **bold red**, underlined bold, and **bold**, respectively. (†:p-value 386 <0.05 ; ‡:p-value <0.01)

388 Model	389 Modality	390 BLCA (N=357)	391 BRCA (N=680)	392 STAD (N=318)	393 HNSC (N=392)	394 COADREAD (N=298)	395 Overall
SNN	g.	0.5588 \pm 0.0314 [‡]	0.5816 \pm 0.0396 [‡]	0.5784 \pm 0.0409 [‡]	0.5456 \pm 0.0585 [‡]	0.5896 \pm 0.0512 [‡]	0.5708
CLAM (Lu et al., 2021)	h.	0.5304 \pm 0.0178 [‡]	0.5286 \pm 0.0746 [‡]	0.5482 \pm 0.0421 [‡]	0.5160 \pm 0.0331 [‡]	0.5740 \pm 0.0308 [‡]	0.5394
SetMIL (Zhao et al., 2022)	h.	0.5351 \pm 0.0742 [‡]	0.5692 \pm 0.0323 [‡]	0.5404 \pm 0.0511 [‡]	0.5280 \pm 0.0573 [‡]	0.5814 \pm 0.0717 [‡]	0.5508
WiKG (Li et al., 2024)	h.	0.5531 \pm 0.0204 [‡]	0.5827 \pm 0.0983 [‡]	0.5617 \pm 0.0983 [‡]	0.5303 \pm 0.0354 [‡]	0.5904 \pm 0.0517 [‡]	0.5636
TransMIL (Shao et al., 2021)	h.	0.5632 \pm 0.0273 [‡]	0.5372 \pm 0.0293 [‡]	0.5762 \pm 0.0464 [‡]	0.5570 \pm 0.0276 [‡]	0.6164 \pm 0.0977 [‡]	0.5686
PANTHER (Song et al., 2024)	h.	0.5712 \pm 0.0541 [‡]	0.6208 \pm 0.0997 [‡]	0.6219 \pm 0.0598 [‡]	0.5594 \pm 0.0550 [‡]	0.6101 \pm 0.0500 [‡]	0.5967
FEATHER (Shao et al., 2025)	h.	0.5306 \pm 0.0340[‡]	0.5698 \pm 0.0247[‡]	0.5570 \pm 0.0420[‡]	0.5277 \pm 0.0302[‡]	0.5796 \pm 0.0284[‡]	0.5530
CHIEF (Wang et al., 2024a)	h.	0.5606 \pm 0.0890[‡]	0.5762 \pm 0.0768[‡]	0.5668 \pm 0.0601[‡]	0.5338 \pm 0.0838[‡]	0.5822 \pm 0.0672[‡]	0.5639
GigaPath (Xu et al., 2024)	h.	0.5656 \pm 0.0291 [‡]	0.6282 \pm 0.0191 [‡]	0.6176 \pm 0.0346 [‡]	0.5580 \pm 0.0330 [‡]	0.6082 \pm 0.0180 [‡]	0.5954
TITAN (Ding et al., 2025)	h.	0.5756 \pm 0.0864[‡]	0.6182 \pm 0.0711[‡]	0.6306 \pm 0.0838[‡]	0.5652 \pm 0.0381[‡]	0.6138 \pm 0.0340[‡]	0.6007
MSRL-h	h.	0.5774 \pm 0.0221 [‡]	0.6398 \pm 0.0251 [‡]	0.6626 \pm 0.0427 [‡]	0.5676 \pm 0.0289 [‡]	0.6182 \pm 0.0174 [‡]	0.6131
MCAT (Chen et al., 2021)	g.+h.	0.6038 \pm 0.0130 [‡]	0.6654 \pm 0.0182 [‡]	0.7064 \pm 0.0262 [‡]	0.6164 \pm 0.0536 [‡]	0.6358 \pm 0.0684 [‡]	0.6455
MOTCat (Xu & Chen, 2023)	g.+h.	0.6097 \pm 0.0540[‡]	0.6689 \pm 0.0671[‡]	0.7086 \pm 0.0522[‡]	0.6175 \pm 0.0637[‡]	0.6489 \pm 0.0346[‡]	0.6507
CMTA (Zhou & Chen, 2023)	g.+h.	0.6110 \pm 0.0098 [‡]	0.6708 \pm 0.0323 [‡]	0.7110 \pm 0.0090 [‡]	0.6214 \pm 0.0470 [‡]	0.6580 \pm 0.0177 [‡]	0.6547
PIBD (Zhang et al., 2024)	g.+h.	0.6116 \pm 0.0318[‡]	0.6738 \pm 0.0406[‡]	0.7188 \pm 0.0267[‡]	0.6244 \pm 0.0434[‡]	0.6578 \pm 0.0654[‡]	0.6573
LD-CVAE-multi (Zhou et al., 2025)	g.+h.	0.6210 \pm 0.0131 [‡]	0.6712 \pm 0.0199 [‡]	0.7201 \pm 0.0395[‡]	0.6302 \pm 0.0303 [‡]	0.6602 \pm 0.0224 [‡]	0.6605
SurvPath (Jaume et al., 2024b)	g.+h.	0.6288 \pm 0.0184[‡]	0.6866 \pm 0.0209 [‡]	0.7194 \pm 0.0524 [‡]	0.6328 \pm 0.0256 [‡]	0.6712 \pm 0.0150 [‡]	0.6683
DisPro _{multi} (Xu et al., 2025)	g.+h.	0.6267 \pm 0.0423[‡]	0.6931 \pm 0.0372[‡]	0.7097 \pm 0.0403[‡]	0.6390 \pm 0.0580[‡]	0.6770 \pm 0.0479[‡]	0.6691
MSRL-multi	g.+h.	0.6368 \pm 0.0327[‡]	0.7012 \pm 0.0302[‡]	0.7236 \pm 0.0411[‡]	0.6456 \pm 0.0263[‡]	0.6896 \pm 0.0301[‡]	0.6794
G-HANet (Wang et al., 2025)	g.+h. \rightarrow h.	0.5806 \pm 0.0149 [‡]	0.6418 \pm 0.0138 [‡]	0.6782 \pm 0.0489 [‡]	0.5770 \pm 0.0278 [‡]	0.6216 \pm 0.0184 [‡]	0.6246
LD-CVAE (Zhou et al., 2025)	g.+h. \rightarrow h.	0.5954 \pm 0.0104 [‡]	0.6430 \pm 0.0146 [‡]	0.6938 \pm 0.0495 [‡]	0.5960 \pm 0.0286 [‡]	0.6280 \pm 0.0211 [‡]	0.6313
DisPro (Xu et al., 2025)	g.+h. \rightarrow h.	0.6058 \pm 0.0269[‡]	0.6734 \pm 0.0352[‡]	0.6803 \pm 0.0424[‡]	0.6053 \pm 0.0610[‡]	0.6418 \pm 0.0342[‡]	0.6414
MSRL	g.+h. \rightarrow h.	0.6192 \pm 0.0184	0.6808 \pm 0.0277	0.7050 \pm 0.0523	0.6182 \pm 0.0015	0.6554 \pm 0.0166	0.6558

4.2 COMPARISONS WITH STATE-OF-THE-ARTS

4.2.1 SURVIVAL PREDICTION

408 Survival prediction aims to estimate the time-to-event outcomes for patients (Zadeh & Schmid, 409 2020; Jaume et al., 2024b). We use the concordance index (C-Index) as the evaluation metric. The 410 formulation of survival prediction and the calculation of the C-Index are provided in the Appendix D.1. 411 Table 1 presents the experimental results of the proposed MSRL compared with several state-of-the-art 412 methods.

413 MSRL with WSI-only inference substantially outperforms existing uni-modal WSI methods. In 414 particular, it achieves a 5.91% improvement in C-index over Panther, the state-of-the-art uni-modal WSI 415 method without pre-training. **Foundation models exhibit effective WSI representation capabilities** 416 **pre-trained by large-scale data**. For example, TITAN leverages region-level text-image multi-modal 417 pre-training and significantly surpasses the performance of the remaining uni-modal training 418 approaches. Nevertheless, MSRL still outperformed TITAN by 5.51%. These results demonstrate that 419 MSRL can further enhance the diagnostic utility of WSI in real-world scenarios.

420 MSRL addresses the challenge of missing genomics data during inference more effectively than 421 existing methods. Reconstruction-based methods achieve significantly better inference performance 422 than all unimodal approaches, which effectively address the challenge of missing genomics data 423 for inference. G-HANet performed differential analysis on the original genomic sequences and 424 then reconstructed the remaining sequences during training. However, the heterogeneity among test 425 cases results in significant biases in the reconstructed genomic data. The Variational Autoencoder 426 of LD-CVAE struggled to fit the low-rank data distribution where the sample size is much smaller 427 than the feature dimension ($d = 768$), resulting in significant noise during sampling in inference. 428 These shortcomings result in G-HANet and LD-CVAE falling behind MCAT by 2.09% and 1.42% in 429 C-index. MSRL avoids the rough situation that LD-VAE is stuck in and employs structure-guided 430 reconstruction based on authentic original genomic data, which contribute to improvements in by 431 3.12% and 2.45% compared to G-HANet and LD-CVAE, respectively. **DisPro distills prognostic** 432 **knowledge into the genomics prompt during training**. However, its inference procedure relies on self- 433 scores computed within each individual case to select and aggregate tokens. This design overlooks 434

432 holistic case-level representations and inter-case relationships, which results in a c-index that is 1.44%
 433 lower than MSRL's. In addition, DisPro performs multi-stage uni-modal training, which makes it
 434 sensitive to the data distributions of both modalities and weakens its generalization ability at inference
 435 time. As shown in Table A1, DisPro's c-index drops by 4.77% when evaluated on out-of-domain
 436 data. In contrast, MSRL only a 1.02% performance decrease under the same setting, which exhibits
 437 strong generalization capacity.

438 Compared with multi-modal fusion methods, MSRL outperforms MCAT and CMTA by 1.03%
 439 and 0.11%, respectively. MCAT enhances WSI representations with genomic data unidirectionally,
 440 ignoring WSI's impact on genomic features. CMTA aligns WSI and genomic representations, but
 441 encodes genomic data using a WSI-specific module (Shao et al., 2021) that disrupts the sequence
 442 structure. MSRL's inter-modality constraint and genomic-specific encoding address these issues,
 443 which contribute to performance comparable to advanced multi-modal fusion methods, and enable
 444 data-efficient prediction using only the single image modality.

445 MSRL_{multi} achieves the optimal performance and outperforms the second-best method by **1.03%** in
 446 C-Index. This demonstrates that the multi-modal structural representation graph introduced by MSRL
 447 effectively enhances the integration of WSI and genomic features for survival prediction.

448 Table 2: The performance on four precision diagnosis tasks, where a cyan background represents
 449 methods trained with multi-modality data but inference with WSI, and the others are WSI uni-
 450 modal methods. The best and second-best results are highlighted in **bold red** and underlined bold,
 451 respectively. (†:p-value < 0.05; ‡:p-value < 0.01)

Model	BRCA staging (n=944)		NSCLC staging (n=893)		EGFR mutation (n=627)		HER2 status (n=482)	
	AUC	F1 score						
CLAM (Lu et al., 2021)	0.577 ± 0.030 [‡]	0.535 ± 0.021 [‡]	0.590 ± 0.013 [‡]	0.557 ± 0.018 [‡]	0.765 ± 0.026 [‡]	0.702 ± 0.018 [‡]	0.628 ± 0.017 [‡]	0.500 ± 0.027 [‡]
SetML (Zhao et al., 2022)	0.580 ± 0.027 [‡]	0.542 ± 0.037 [‡]	0.597 ± 0.020 [‡]	0.563 ± 0.004 [‡]	0.779 ± 0.019 [‡]	0.705 ± 0.024 [‡]	0.667 ± 0.014 [‡]	0.507 ± 0.018 [‡]
TransMIL (Shao et al., 2021)	0.609 ± 0.020 [‡]	0.547 ± 0.014 [‡]	0.619 ± 0.018 [‡]	0.572 ± 0.025 [‡]	0.800 ± 0.028 [‡]	0.712 ± 0.025 [‡]	0.674 ± 0.029 [‡]	0.512 ± 0.038 [‡]
DSMIL (Li et al., 2021)	0.600 ± 0.009 [‡]	0.563 ± 0.037 [‡]	0.627 ± 0.012 [‡]	0.575 ± 0.027 [‡]	0.813 ± 0.012 [‡]	0.726 ± 0.035 [‡]	0.681 ± 0.040 [‡]	0.514 ± 0.024 [‡]
WiKG (Li et al., 2024)	0.619 ± 0.018 [‡]	0.567 ± 0.024 [‡]	0.640 ± 0.020 [‡]	0.587 ± 0.008 [‡]	0.814 ± 0.008 [‡]	0.733 ± 0.019 [‡]	0.690 ± 0.015 [‡]	0.515 ± 0.042 [‡]
PANTHER (Song et al., 2024)	0.643 ± 0.012 [‡]	0.574 ± 0.027 [‡]	0.648 ± 0.034 [‡]	0.611 ± 0.028 [‡]	0.820 ± 0.015 [‡]	0.749 ± 0.019 [‡]	0.698 ± 0.038 [‡]	0.541 ± 0.031 [‡]
CHIEF (Wang et al., 2024a)	0.602 ± 0.016[†]	0.566 ± 0.030[†]	0.635 ± 0.027[†]	0.589 ± 0.044[†]	0.804 ± 0.030[‡]	0.713 ± 0.034[‡]	0.657 ± 0.011[†]	0.517 ± 0.063[†]
GigaPath (Xu et al., 2024)	0.625 ± 0.007 [‡]	0.570 ± 0.021 [‡]	0.645 ± 0.018 [‡]	0.590 ± 0.018 [‡]	0.817 ± 0.031 [‡]	0.743 ± 0.008 [‡]	0.691 ± 0.018 [‡]	0.537 ± 0.015 [‡]
FEATHER (Shao et al., 2025)	0.627 ± 0.008[‡]	0.571 ± 0.006[‡]	0.646 ± 0.015[‡]	0.593 ± 0.015[‡]	0.816 ± 0.006[‡]	0.748 ± 0.024[‡]	0.689 ± 0.025[‡]	0.538 ± 0.062[‡]
TITAN (Ding et al., 2025)	0.648 ± 0.004[‡]	0.583 ± 0.043[‡]	0.639 ± 0.032[‡]	0.614 ± 0.016[‡]	0.822 ± 0.028[‡]	0.751 ± 0.015[‡]	0.693 ± 0.006[‡]	0.546 ± 0.017[‡]
MSRL _H	0.652 ± 0.009[‡]	0.586 ± 0.027[†]	0.655 ± 0.013[‡]	0.625 ± 0.018[‡]	0.820 ± 0.020 [‡]	0.758 ± 0.017 [‡]	0.704 ± 0.056 [†]	0.550 ± 0.037 [‡]
G-HANet (Wang et al., 2025)	0.632 ± 0.026 [‡]	0.572 ± 0.010 [‡]	0.634 ± 0.041 [‡]	0.614 ± 0.041 [‡]	0.830 ± 0.018 [‡]	0.762 ± 0.015 [‡]	0.715 ± 0.045 [‡]	0.576 ± 0.042 [‡]
LD-CVAE (Zhou et al., 2025)	0.646 ± 0.030 [†]	0.582 ± 0.023 [‡]	0.650 ± 0.026 [‡]	0.619 ± 0.027 [‡]	0.836 ± 0.021[‡]	0.765 ± 0.017[‡]	0.717 ± 0.025[‡]	0.587 ± 0.029[‡]
MSRL	0.664 ± 0.0263	0.593 ± 0.0277	0.661 ± 0.0102	0.638 ± 0.0108	0.842 ± 0.0206	0.770 ± 0.0165	0.730 ± 0.0223	0.606 ± 0.0274

4.2.2 PRECISION DIAGNOSIS

468 We conduct four precision diagnosis tasks on two cancer staging datasets and two molecular prediction
 469 dataset. The experimental results shown in Table 2 demonstrate that the proposed MSRL and its
 470 variant MSRL_H achieve the highest performance across all tasks. Specifically, MSRL outperforms
 471 the second-best LD-CVAE in the AUC/F1 scores for the four tasks by 1.8%/1.1%, 1.1%/1.9%,
 472 0.6%/0.5%, and 1.3%/1.9%, respectively.

473 **Degradation of WSI encoder capabilities during gene reconstruction.** The diagnostic criteria of
 474 cancer staging relies on morphological characteristics, which makes it mainly dependent on WSIs.
 475 In the two cancer staging tasks, G-HANet is 1.1% lower than the WSI method, PANTHER, in the
 476 AUC. Moreover, LD-CVAE introducing genomics data during training, fails to achieve a significant
 477 performance improvement. This indicates that existing gene reconstruction methods compromise the
 478 WSI encoder's representation ability due to noisy high-dimensional genomics data being introduced
 479 during training the WSI encoder from scratch, resulting in bias in morphological feature learning.

480 **MSRL effectively enhances WSI encoder capabilities.** GigaPath is the baseline WSI encoder in our
 481 method. The WSI unimodal MSRL_H improves F1 scores by 1.6%, 3.5%, 1.5%, and 1.3% across four
 482 tasks compared to the baseline and outperforms existing missing modality methods in cancer staging
 483 with MSRL pre-training. Introducing genomics data further improves MSRL performance, which
 484 shows that MSRL pre-training effectively leverages the structural information of cases to enhance
 485 the WSI encoder representation. Authentic genomics data guidance constructs effective case-level
 486 relevance and further strengthens the WSI encoder.

486 5 MODEL ANALYSIS
487488 5.1 ABLATION ANALYSIS
489490
491 Table 3 presents MSRL structure ablation results on survival prediction. In particular, KNN (co-
492 sine) and KNN (Euclidean) correspond to adjacency matrices that are statically constructed using
493 cosine similarity and Euclidean distance, respectively, instead of being learned by the graph learner.
494 MSRL_{online,buffer} updates the buffer with online branch features rather than target branch features, and
495 MSRL_{random,GSL} denotes a variant where the GSL is randomly initialized without pre-training.
496497 MSRL outperforms MSRL_{random,GSL} across all datasets, which demonstrates the effectiveness of
498 the pre-training. Moreover, MSRL_{random,GSL} performs better than both KNN-based methods, which
499 suggests that GSL captures implicit and comprehensive diagnostic relevance, not only similarity as
500 represented by KNN. The performance drop in MSRL_{online,buffer} demonstrates the effectiveness of
501 introducing authentic data from the target branch to construct relevance during inference.
502503 Table 3: The results of the structure ablation on five survival prediction datasets. (†:p-value <0.05;‡:p-
504 value <0.01)

Model	BLCA (N=357)	BRCA (N=680)	STAD (N=318)	HNSC (N=392)	COADREAD (N=298)	Overall
KNN (Euclidean)	0.5692 ± 0.0293‡	0.6283 ± 0.0211‡	0.6326 ± 0.0361‡	0.5626 ± 0.0306‡	0.6117 ± 0.0118‡	0.6009(↓ 0.0549)
KNN (cosine)	0.5774 ± 0.0234‡	0.6371 ± 0.0257‡	0.6414 ± 0.0411‡	0.5681 ± 0.0313‡	0.6188 ± 0.0141‡	0.6086(↓ 0.0472)
MSRL _{random,GSL}	0.5984 ± 0.0216†	0.6694 ± 0.0331‡	0.6812 ± 0.0320‡	0.5988 ± 0.0253†	0.6368 ± 0.0156‡	0.6369(↓ 0.0189)
MSRL _{online,buffer}	0.6094 ± 0.0222†	0.6716 ± 0.0307†	0.6948 ± 0.0492†	0.6036 ± 0.0275‡	0.6462 ± 0.0149†	0.6451(↓ 0.0107)
MSRL	0.6192 ± 0.0184	0.6808 ± 0.0277	0.7050 ± 0.0523	0.6182 ± 0.0015	0.6554 ± 0.0166	0.6558

505
506 Table 4 shows that removing the alignment of the graph structure $\mathcal{L}_{s,align}$ has the largest impact
507 on model performance, which confirms that the effectiveness and authenticity of the structure are
508 fundamental to our framework. Notably, when the dataset size is relatively small, graph learning
509 without structural constraints tends to suffer from instability and fails to achieve convergence. **We**
510 **performed the comprehensive experimental analysis on generalization of MSRL, the pre-training loss**
511 **components, the buffer mechanism, and the parameter settings in Appendix E.**
512513 Table 4: Ablation results of the loss function during the fine-tuning on validation datasets.
514

$\mathcal{L}_{f,align}$	✓		✓	✓	✓		✓		✓
$\mathcal{L}_{g,align}$	✓			✓					
$\mathcal{L}_{s,align}$	✓		✓		✓				
BLCA(N=357)	0.607	0.588(↓ 0.019)	0.599(↓ 0.008)	0.584(↓ 0.023)	0.570(↓ 0.037)	0.564(↓ 0.043)	0.573(↓ 0.034)		
BRCA(N=680)	0.672	0.644(↓ 0.028)	0.661(↓ 0.011)	0.623(↓ 0.049)	0.583(↓ 0.089)	0.577(↓ 0.095)	0.592(↓ 0.080)		
STAD(N=318)	0.729	0.694(↓ 0.035)	0.703(↓ 0.026)	0.687(↓ 0.042)	0.657(↓ 0.072)	Non-convergence	0.663(↓ 0.066)		
HNSC(N=392)	0.622	0.609(↓ 0.013)	0.617(↓ 0.005)	0.598(↓ 0.024)	0.563(↓ 0.059)	0.558(↓ 0.064)	0.587(↓ 0.035)		
COADREAD(N=298)	0.661	0.647(↓ 0.014)	0.656(↓ 0.006)	0.635(↓ 0.026)	0.558(↓ 0.103)	Non-convergence	0.577(↓ 0.084)		

523 5.2 VISUALIZATION ANALYSIS
524525 We visualize the pre-trained multi-modal pan-cancer graph in Figure A1. The results demonstrate
526 that the self-supervised GSL not only captures the relevance among similar WSIs but also uncovers
527 potential RNA-related connections across heterogeneous WSIs, which contribute to constructing a
528 more comprehensive graph representation and enable efficient inference based on unimodal data. Fur-
529 thermore, Figure A2 confirms that leveraging authentic data facilitates a more effective construction
530 of inter-case relevance. A more detailed analysis is provided in Appendix B.
531532 6 CONCLUSION
533534
535 The proposed MSRL framework jointly optimizes representation learning and structure learning.
536 Extensive experiments on TCGA demonstrate that MSRL significantly outperforms existing methods
537 and effectively addresses the challenges of missing modality with case-level relevance construction.
538 However, there are some limitations in the current work as described in Appendix F. In future work,
539 we will further extend these analyses and refine the MSRL framework to broaden its applicability to
more diverse scenarios.

540 7 REPRODUCIBILITY STATEMENT
541

542 We believe that the MSRL framework is not only effective for histopathology–genomics tasks but
543 also holds research value for other hierarchical multi-modal problems, such as broader domains
544 involving molecular structures and protein expression. To this end, we provide a detailed code demo
545 in the supplementary materials. Appendix C describes in detail the setup of the publicly available
546 TCGA dataset used in our study, and Appendix D specifies the task definitions, model parameters,
547 and the software/hardware environment adopted in the experiments. We hope these materials will
548 sufficiently ensure the reproducibility of our approach.

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APPENDIX

A THE STATEMENT OF LLMs USAGE

Here we explicitly declare that large language models (LLMs, e.g., the ChatGPT series) did not participate in any of the preliminary research work, including but not limited to literature review, idea formulation, method design, code implementation, experimental design, data processing, result organization and analysis, or figure generation. Their involvement was limited solely to the final stage of manuscript preparation, specifically for text polishing tasks such as grammar and spelling checks, refinement of certain expressions, and minor LaTeX table formatting adjustments. Importantly, they did not contribute to early-stage tasks such as drafting the article outline or designing the paragraph structure.

B VISUALIZATION

B.1 THE PRE-TRAINED GRAPH OF PAN-CANCER DATASET

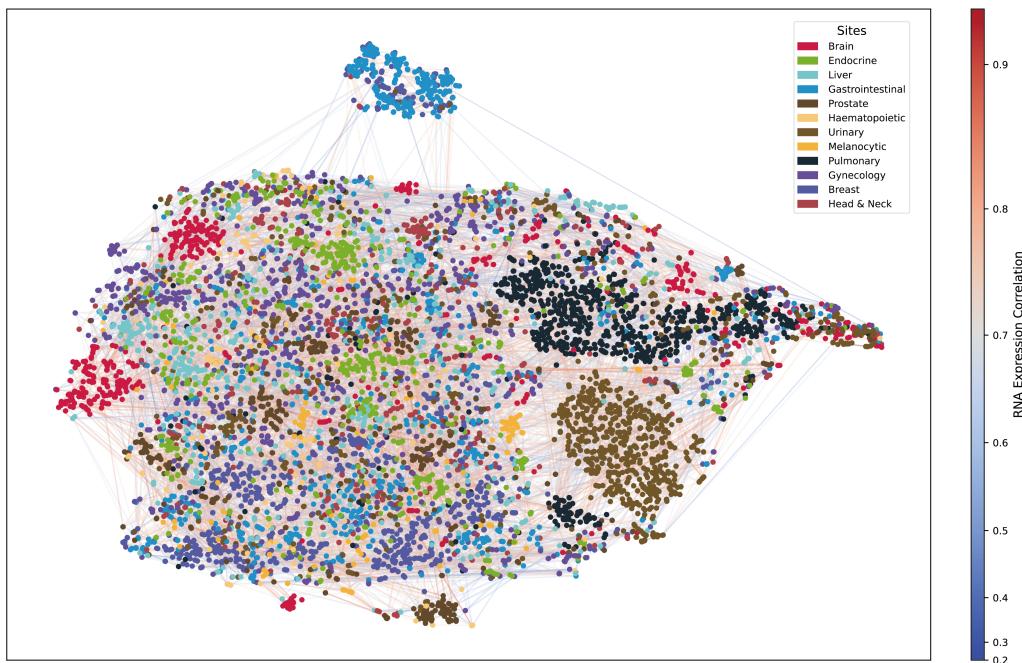


Figure A1: The graph of the pan-cancer dataset constructed by the pre-trained fused-modal GSL, where each node denotes the WSI representation of a case and the coordinates are clustered by t-SNE Van der Maaten & Hinton (2008), and each edge is weighted by the Pearson correlation coefficient between RNA expression of cases denoted by the two nodes.

We cluster Van der Maaten & Hinton (2008) the WSI representations of TCGA pan-cancer dataset, which are encoded by LongNet Ding et al. (2023) pre-trained by GigaPath Xu et al. (2024). Then, the pre-trained fused-modal Graph Structure Learner (GSL) is utilized to construct the adjacency matrix of the dataset. The completed graph of pre-trained pan-cancer dataset is shown as Figure A1, where each edge is weighted by the pearson correlation coefficient between RNA expression of cases denoted by the two nodes. The following observations are summarized:

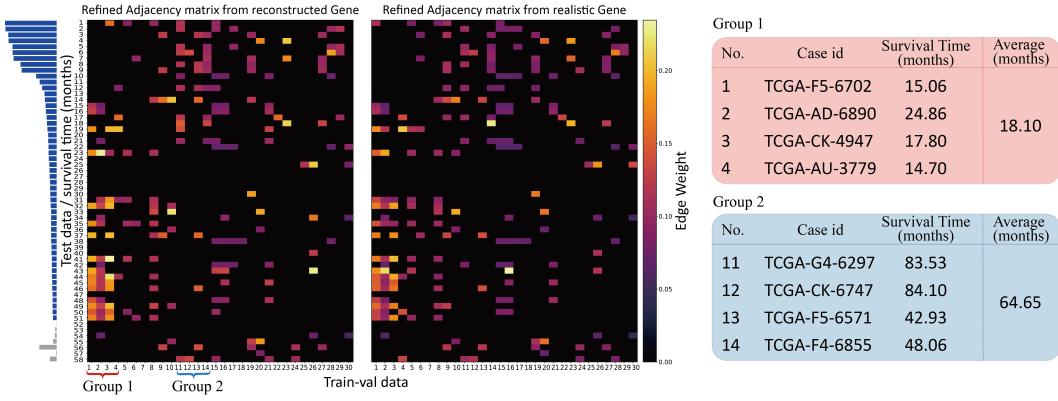
The foundation model demonstrates effective generalization ability. Despite the absence of the TCGA dataset in the pre-training dataset of GigaPath, it exhibits the capacity to discern the morphological characteristics of TCGA WSIs. The figure illustrates that the WSI representations of the same site are aggregated into clusters.

810
 811 **The pre-trained GSL of proposed MSRL can efficiently capture the morphological relationships**
 812 **of the cases.** The fused-modal GSL constructs denser edges for nodes within the same cluster,
 813 sparser edges for clusters between different sites, and also constructs denser associations for different
 814 clusters of the same site that are far from each other. It indicates that the fused-GSL can effectively
 815 capture the structural associations between cases in histo-morphology.

816
 817 **The pre-trained GSL of proposed MSRL can efficiently capture the structural associations**
 818 **of cases at the molecular level.** The correlation between gene expression levels within a given
 819 cluster is high, while the correlation between different clusters is low. Furthermore, the different
 820 gene expression levels of distant clusters from the same site reflect the genetic heterogeneity between
 821 cancer subtypes.

822
 823 **The molecular associations enhance the connectivity of the foundation model embeddings.**
 824 The distant cases in the feature space are also linked, which are corrected by the influence of gene
 825 correlation. These connections enhanced by genomics data play a crucial role in facilitating MSRL to
 826 achieve the precision multi-modal fusion.

827 B.2 VISUALIZATION OF GRAPH STRUCTURE LEARNER



843 Figure A2: The adjacency matrix heatmaps obtained by GSL based on reconstructed and authentic
 844 genomic data, where each row shows edge weights between test cases and training cases. The survival
 845 times of two training groups are presented.

846 To further evaluate the effectiveness and authenticity of the structure learned by MSRL, we visualize
 847 the adjacency matrices generated by GSL from both authentic and reconstructed genomics data in
 848 COADREAD dataset, as shown in Figure A2. We input the WSI and genomics data of the test cases
 849 ($n=58$) into the target branch, and the output adjacency matrix of \hat{GSL} is arranged in descending
 850 order based on the column sums, retaining the top 30 columns to obtain the "Refined Adjacency
 851 Matrix from Authentic Gene". Meanwhile, we input the WSI of the test cases into the online branch,
 852 reconstruct the genomics data, and obtain the output of GSL. The consistent 30 columns with the
 853 target branch are selected to generate the "Refined Adjacency Matrix from Reconstructed Gene". In
 854 Figure A2, each row of the heatmap represents the edge weights between test cases and training cases.
 855 The blue bars in the left histogram represent the survival time (in months) of the corresponding test
 856 cases, and the gray bars indicate that the case is deceased. Two observations are as follows: **(1) The**
 857 **online branch GSL can effectively learn the structural relationships from authentic data.** The
 858 heatmaps of both matrices show high consistency, especially in the high-weight edges (yellow areas).
 859 This indicates that the online branch's WSI-based Inductor can effectively reconstruct the authentic
 860 genomics data. And then GSL can build meaningful relationships between previously unseen test
 861 cases and real diagnostic training cases. This ensures that MSRL can perform efficient multi-modal
 862 task inference in real-world scenarios with WSI unimodality. **(2) Fine-tuned GSL can capture**
 863 **task-specific knowledge.** GSL significantly separates the test cases into high-risk group (rows 41 to
 864 51) and low-risk group (rows 1 to 10), which show high association with group 1 (columns 1 to 4)
 865 and group 2 (columns 11 to 13) of the training cases. The average survival time of cases in Group 1 is

864 only 18.10 months and it is 64.65 months in Group 2. This demonstrates that the fine-tuned GSL can
 865 learn task-related diagnostic information among GSL and effectively promote precision oncology.
 866

867 C DATASETS

870 **Dataset:** We evaluate the proposed MSRL framework on six TCGA cohorts during fine-tuning.
 871 Specifically, we collect Bladder Urothelial Carcinoma (BLCA, n=359), Breast Invasive Carcinoma
 872 (BRCA, n=680), Stomach Adenocarcinoma (STAD, n=318), Head and Neck Squamous Cell Carci-
 873 noma (HNSC, n=392), and Colon and Rectum Adenocarcinoma (COADREAD, n=298) for survival
 874 prediction. For precision diagnosis, we consider Non-Small Cell Lung Cancer (NSCLC) stag-
 875 ing (n=893), Epidermal Growth Factor Receptor (EGFR) mutation status (n=627), BRCA staging
 876 (n=944), and BRCA human epidermal growth factor receptor-2 (HER2) status prediction (n=482,
 877 subset of BRCA staging dataset). We used 8 datasets for fine-tuning, and every dataset was split into
 878 a training-val dataset (containing 3,607 cases) and a testing dataset (containing 902 cases) with a
 879 4:1 ratio, following a five-fold cross-validation strategy.. To ensure a sufficiently large pre-training
 880 dataset, we compiled an additional 2,754 cases from the TCGA pan-cancer database, which is along
 881 with the training-val dataset to form the pre-training dataset (containing 6,361 cases). In total, this
 882 paper used 7,263 cases (6,361 + 902), of which the testing dataset had no overlap with either the
 883 pre-training dataset or the training-val dataset. The model achieving the best performance on the
 884 validation set is selected for reporting results on the test set.

885 **Additionally, we collected two public datasets from the CPTAC project for external evaluation.**
 886 **Specifically, CPTAC-HNSC dataset comprises WSI data and clinical survival information for 106**
 887 **patients and CPTAC-BRCA dataset contains WSI data and diagnostic stage information for 111**
 888 **patients. We ensured these datasets share no overlap with the TCGA project.**

889 **Histopathology image collection:** All WSIs data come from $20\times$ magnification hematoxylin
 890 and eosin (H&E)-stained slides. We crop each slide into 256×256 -pixel patches and extract 1536-
 891 dimensional features using the ViT-giant model pre-trained on GigaPath (Xu et al., 2024). The WSI
 892 representation of MSRL is the 768-dimensional [CLS] token of output of LongNet (Ding et al., 2023)
 893 pretrained on GigaPath. **Among the compared foundation models, both CHIEF and FEATHER use**
 894 **ABMIL (Ilse et al., 2018) as their slide encoder, and TITAN adopts a ViT slide encoder. Notably, all**
 895 **the non foundation model methods utilize the same patch encoder as GigaPath.**

896 **Genomics data collection:** We collect raw genomics data for each corresponding case from TCGA.
 897 Following the Hallmarks resource in the Human Molecular Signatures Database (MSigDB) (Liberzon
 898 et al., 2015; Subramanian et al., 2005), we select 4241 genes and divide them into 50 groups and then
 899 apply log-normalization. Each group is encoded into a 768-dimensional feature with an independent
 900 SNN network (Klambauer et al., 2017).

902 D EXPERIMENTS

903 D.1 SURVIVAL PREDICTION:

907 Survival prediction is to estimate cases' time-to-event outcomes. Following previous research
 908 (Zadeh & Schmid, 2020), this task is defined by two components: censorship status and event time.
 909 Censorship status denoted as c , where $c = 0$ indicates the case's death was observed, and $c = 1$
 910 indicates the cases' last known follow-up. Event time denoted as t , representing the time between
 911 diagnosis and observed death if $c = 0$, or between diagnosis and last follow-up, *i.e.* survival time,
 912 if $c = 1$. We estimate event time by dividing the time into non-overlapping intervals (t_{j-1}, t_j) for
 913 $j \in [1, \dots, n]$, based on quartiles of survival times ($c = 1$), and denote these intervals as y_j , rather
 914 than predicting the exact event time t directly. This converts the problem into a classification task
 915 with censorship. Then, each case is represented by (Z, y_j, c) , where Z is the representation of the
 916 case. We design a classifier where each output logit \hat{y}_j predicted by the network corresponds to a
 917 specific time interval. Based on this, we define the discrete hazard function as

$$f_{\text{hazard}}(y_j|Z) = \sigma(\hat{y}_j),$$

918 where σ denotes the sigmoid activation function. $f_{\text{hazard}}(y_j|Z)$ gives the probability that the patient
 919 dies within the time interval (t_{j-1}, t_j) . We then introduce the discrete survival function as
 920

$$921 \quad f_{\text{surv}}(y_j|Z) = \prod_{k=1}^j (1 - f_{\text{hazard}}(y_k|Z)),$$

923 which represents the probability that the patient survives up to the time interval (t_{j-1}, t_j) . Afterwards,
 924 we construct the negative log-likelihood (NLL) survival loss (Zadeh & Schmid, 2020) to optimize
 925 this task, as formulated as follows
 926

$$927 \quad \mathcal{L}_{NLL} \left(Z^{(i)}, y_j^{(i)}, c^{(i)} \right) = \sum_{i=1}^D -c^{(i)} \log \left(f_{\text{surv}} \left(y_j^{(i)} | Z^{(i)} \right) \right) \quad (8)$$

$$930 \quad + (1 - c^{(i)}) \log \left(f_{\text{surv}} \left(y_j^{(i)} - 1 | Z^{(i)} \right) \right) \quad (9)$$

$$931 \quad + (1 - c^{(i)}) \log \left(f_{\text{hazard}} \left(y_j^{(i)} | Z^{(i)} \right) \right) \quad (10)$$

933 where, N_D represents the total number of cases in the dataset. The loss ensures that the model assigns
 934 high survival probabilities to patients alive at last follow-up, correctly models survival up to death
 935 time for deceased patients, and accurately predicts the time of death when observed. A detailed
 936 mathematical explanation is provided in (Zadeh & Schmid, 2020). We finally take the negative sum
 937 of all logits to predict a patient-level risk score, which is used to categorize patients into different risk
 938 groups and to stratify them accordingly.

939 **C-Index:** The Concordance Index (C-Index) is a metric used to evaluate the consistency between
 940 predicted ordered sequences and true sequences. In survival prediction, C-Index measures how
 941 accurately the model ranks cases according to their survival times. The C-Index ranges from 0.5 to 1,
 942 where 0.5 indicates random prediction and 1 indicates perfect prediction. Specifically, the C-Index
 943 calculates the proportion of all comparable case pairs for which the predicted order matches the
 944 ground-truth order of survival times. For a pair of cases $(case_i, case_j)$, if $case_i$'s survival time is
 945 longer than $case_j$'s and the model predicts a lower risk for $case_i$ than for patient $case_j$, this pair is
 946 called a “concordant pair.” The formulation of the C-Index is as follows

$$947 \quad \text{c-index} = \frac{1}{D(D-1)} \sum_{i=1}^D \sum_{j=1}^D I(t_i < t_j)(1 - c_j),$$

950 where $I(\cdot)$ is the indicator function, which takes the value 1 if the argument is true, and 0 otherwise.

952 D.2 EXPERIMENTAL IMPLEMENTATIONS:

954 In the pre-training, a graph with 6,361 nodes was constructed, where each node contains a 768-
 955 dimensional WSI feature and a 768-dimensional genomic feature. The Graph Structure Learner
 956 employed a 2-layer architecture, and the Graph Convolutional Network (GCN) consisted of 3 layers
 957 to output final node embeddings of 256 dimensions. The model was trained using the Adam optimizer
 958 with an initial learning rate of 1e-4 for 400 epochs. During fine-tuning, the AdamW optimizer was
 959 applied for 50 epochs with a 10-epoch warmup. The learning rate followed a cosine annealing
 960 schedule with a maximum learning rate of 1e-5 and a minimum of 1e-7. **To validate the generalization**
 961 **of MSRL and baseline methods on out-of-distribution cases, we directly applied models trained**
 962 **on TCGA-HNSC and TCGA-BRCA to the CPTAC-HNSC and CPTAC-BRCA datasets for testing,**
 963 **respectively.** All implementations were carried out in Python 3.9, PyTorch 2.0 and CUDA 12.4 on a
 964 computer cluster with six Nvidia GeForce 4090 GPUs.

965 **Post-processing of GSL:** The post-processing aims to refine the sketched adjacency matrix \mathbf{S} into
 966 a sparse, non-negative, symmetric, and normalized adjacency matrix \mathbf{A}^r . The three steps are as
 967 follows:

- 968 1. **Sparsification.** The obtained similarity matrix S is typically dense and requires sparsification.
 969 For each node, we employ a KNN-based method and retain the top K connected edges
 970 and set the remaining connections to zero, specifically as follows: $\mathbf{S}_{ij}^{(sp)} = q_{sp}(\mathbf{S}_{ij}) =$
 971 \mathbf{S}_{ij} if $\mathbf{S}_{ij} \in \text{top-}k(\mathbf{S}_i)$ else 0 ;

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 982 2. **Symmetrization and Activation.** To ensure bidirectional connections between nodes
 983 and guarantee non-negative edge values, we perform the following additional process-
 984 ing: $\mathbf{S}^{(sym)} = q_{sym}(q_{act}(\mathbf{S}^{(sp)})) = \frac{\sigma_q(\mathbf{S}^{(sp)}) + \sigma_q(\mathbf{S}^{(sp)})^T}{2}$, where $\sigma(\cdot)$ is the activation
 985 function;
 986 3. **Normalization.** To ensure the edge weights fall within the range $[0, 1]$, the final processing
 987 step is as follows: $\mathbf{A}^r = q_{norm}(\mathbf{S}^{(sym)}) = (\mathbf{D}^{(sym)})^{-\frac{1}{2}} \mathbf{S}^{(sym)} (\mathbf{D}^{(sym)})^{-\frac{1}{2}}$, where
 988 $\mathbf{D}^{(sym)}$ is the degree matrix of $\mathbf{S}^{(sym)}$.

E SUPPLEMENTARY RESULTS AND DISCUSSION

E.1 GENERALIZATION ANALYSIS

986 **Our framework presents no additional difficulty in generalization.** Genomic data from out-of-
 987 distribution (OOD) cases often suffers from complex sources and various protocols. Direct inclusion
 988 of such data can cause significant batch effects. In contrast, our method utilizes solely WSI unimodal
 989 inference. Its generalization only rely on the representation capability of the slide encoder. Therefore,
 990 the generalization capability of our method when facing out-of-distribution data is consistent with
 991 other WSI encoder-based inference frameworks and does not introduce additional challenges.

992 **Our cross-modal retrieval strategy even boosts the generalization ability.** Existing uni-modal
 993 inference methods typically focus on reconstructing raw genomic data for individual cases, where
 994 the reconstruction performance is also affected by OOD issues. In contrast, MSRL models genomic
 995 correlations between cases within an aligned representation space and then use the real source-domain
 996 genomic representation for multi-modal prediction. This strategy naturally avoids the multi-source
 997 heterogeneity inherent in raw genomic data during training. Therefore, it ensures better generalization
 998 than reconstruction-based methods during the inference phase.

999 We constructed new external datasets to fully validate the generalization of MSRL as shown in
 1000 Table A1. MSRL consistently achieved the best performance on both external datasets. Notably,
 1001 MSRL_H secured the top results even under conditions limited to WSI unimodal training. In scenarios
 1002 addressing missing inference modalities, existing methods like G-HANet and LD-CAVE suffered
 1003 performance drops exceeding 5% and 7% on CPTAC-HNSC and CPTAC-BRCA, respectively. In
 1004 contrast, MSRL showed minimal declines of only 1.02% and 1.62%, outperforming most foundation
 1005 models. These results demonstrate the superior generalization of MSRL. The performance of MSRL
 1006 significantly decreases after removing the pre-training stage. Its generalization capability is also
 1007 greatly diminished, where the C-index drops over 6%. This practically validates the necessity of
 1008 our pre-training approach. As DisPro’s prompts are specifically designed for survival prediction, we
 1009 therefore excluded it from the cancer staging tasks.

1010 Table A1: The generalization analysis results, where CPTAC-HNSC and CPTAC-BRCA are external
 1011 test sets and Δ denotes performance declines.

Method	Modality	TCGA-HNSC C-index	CPTAC-HNSC C-index	Δ	TCGA-BRCA AUC	CPTAC-BRCA AUC	Δ
FEATHER	h.	0.5277 \pm 0.0302	0.5197 \pm 0.0214	-0.80%	0.627 \pm 0.0085	0.5782 \pm 0.0142	-4.88%
CHIEF	h.	0.5338 \pm 0.0388	0.5246 \pm 0.0301	-0.92%	0.602 \pm 0.0169	0.5608 \pm 0.0198	-4.12%
GigaPath	h.	0.5580 \pm 0.0330	0.5278 \pm 0.0545	-3.02%	0.625 \pm 0.0074	0.5824 \pm 0.0457	-4.26%
TITAN	h.	0.5652 \pm 0.0381	0.5341 \pm 0.0610	-3.11%	0.648 \pm 0.0044	0.6094 \pm 0.0541	-3.86%
MSRL _H	h.	0.5676 \pm 0.0289	0.5461 \pm 0.0125	-2.15%	0.652 \pm 0.0095	0.6099 \pm 0.0401	-4.21%
G-HANet	g.+h. \rightarrow h.	0.5770 \pm 0.0278	0.5238 \pm 0.0786	-5.32%	0.632 \pm 0.0263	0.5612 \pm 0.0634	-7.08%
LD-CAVE	g.+h. \rightarrow h.	0.5960 \pm 0.0286	0.5418 \pm 0.0469	-5.42%	0.646 \pm 0.0309	0.5728 \pm 0.0309	-7.32%
DisPro	g.+h. \rightarrow h.	0.6053 \pm 0.0610	0.5576 \pm 0.0692	-4.77%	-	-	-
MSRL w/o Pr	g.+h. \rightarrow h.	0.5988 \pm 0.0253	0.5364 \pm 0.0408	-6.24%	0.639 \pm 0.0335	0.5856 \pm 0.0381	-5.34%
MSRL	g.+h. \rightarrow h.	0.6182 \pm 0.0015	0.6080 \pm 0.0118	-1.02%	0.664 \pm 0.0263	0.6478 \pm 0.0416	-1.62%

E.2 BUFFER ANALYSIS

1022 **Resource consumption:** Graph-based inference does not lead to significant additional resource
 1023 consumption. We evaluated computational cost on 136 test WSIs of the BRCA dataset. We measured
 1024 the model FLOPs and average time required of each WSI for patch feature extraction, and WSI
 1025 encoding and task inference as shown in Table R2. Compared to other methods, our approach does
 1026 not introduce notable increases in inference time. To simulate large-scale datasets, we additionally

1026 increased the buffer size in multiples. The WSI inference time increased by only 0.607 seconds—less
 1027 than 2% of the patch feature extraction time, even with the 50X buffer size. Therefore, our method is
 1028 not a bottleneck in terms of time or resource consumption for practical applications.

1029
1030 Table A2: The results of resource consumption.

1031 1032 Model	1033 Patch Feature Extracting 1034 Time	1035 FLOPs	1036 WSI-level Encoding and Inference 1037 Time	1038 FLOPs	1039 Total 1040 FLOPs
CMTA	34.87s	4.68×10^5 G	0.997s	9.78×10^0 G	35.867s $\approx 4.68 \times 10^5$ G
SurvPath	34.87s	4.68×10^5 G	0.439s	2.26×10^0 G	35.309s $\approx 4.68 \times 10^5$ G
G-HANet	34.87s	4.68×10^5 G	0.415s	6.03×10^0 G	35.285s $\approx 4.68 \times 10^5$ G
LD-CVAE	34.87s	4.68×10^5 G	0.487s	2.65×10^2 G	35.357s $\approx 4.68 \times 10^5$ G
MSRL(buffer=434)	34.87s	4.68×10^5 G	0.534s	1.78×10^2 G	35.404s $\approx 4.68 \times 10^5$ G
MSRL(buffer=4340)	34.87s	4.68×10^5 G	0.542s	2.45×10^2 G	34.412s $\approx 4.68 \times 10^5$ G
MSRL(buffer=8680)	34.87s	4.68×10^5 G	0.701s	3.97×10^2 G	35.571s $\approx 4.68 \times 10^5$ G
MSRL(buffer=21700)	34.87s	4.68×10^5 G	1.141s	1.33×10^3 G	36.011s $\approx 4.69 \times 10^5$ G

1041 **Buffer size analysis:** We additionally construct experiments assessing the impact of changing
 1042 buffer size on task performance as shown in Table A3. Results indicate that a smaller buffer size
 1043 leads to weaker model performance. The performance reduction is more significant when the
 1044 number of training samples is limited. When the buffer size is zero (i.e., removing the buffer), the
 1045 model performance drops significantly. Furthermore, our approach constructs structural correlations
 1046 between the current case and historical cases. Consequently, removing the buffer leads to the loss
 1047 of functionality for both GSL and GCN. This demonstrates that introducing authentic data is key
 1048 to MSRL’s effective inference. It also shows that a sufficient data scale better assists the model in
 1049 learning missing genomic information.

1050 Table A3: The ablation results of the buffer size on validation datasets.

1051 1052 Buffer size	1053 100%	1054 75%	1055 50%	1056 25%	1057 0%
BLCA (N=357)	0.607	0.595 (-0.012)	0.589 (-0.018)	0.573 (-0.034)	0.533 (-0.074)
BRCA (N=680)	0.672	0.669 (-0.003)	0.664 (-0.008)	0.653 (-0.019)	0.591 (-0.081)
STAD (N=318)	0.729	0.713 (-0.016)	0.705 (-0.024)	0.691 (-0.038)	0.611 (-0.118)
HNSC (N=392)	0.622	0.615 (-0.007)	0.611 (-0.011)	0.602 (-0.020)	0.545 (-0.077)
COADREAD (N=298)	0.661	0.655 (-0.006)	0.640 (-0.021)	0.621 (-0.039)	0.557 (-0.104)

1058 E.3 PARAMETER ANALYSIS:

1059 **Pre-training data settings:** We have added experiments to evaluate the effectiveness of H-G
 1060 pairing and different scales of pre-training data. We constructed GSL models using 20%, 50%, and
 1061 80% of the pre-training data, and we also constructed a GSL using a fully pre-trained dataset with
 1062 random H-G pairings. Table A4 presents the validation metrics of the pre-training models for five
 1063 survival prediction tasks under different settings. Based on these experiments, we draw the following
 1064 conclusions:

1065 1. Using more pretraining data effectively improves model performance. The model performance
 1066 is optimal when using the full dataset, and the performance improvement from a
 1067 50% to an 80% data increase is significantly higher than the improvement from 20% to 50%.
 1068 This indicates that more data benefits the pretraining of GSL, which is consistent with the
 1069 scaling law.

1070 2. The pairing of H-G data is essential for multimodal research. The model performance using
 1071 the fully pretraining dataset with random pairing is lower than that of the model pretraining
 1072 with 20% paired data, and in some cases, the results are close to random predictions (for
 1073 example, the c-index for HNSC and COADREAD was only 0.507 and 0.502, respectively).
 1074 Compared with the method of training with WSI data only, H-G random pairing will
 1075 introduce noise and reduce model performance.

1076 **Pre-training loss ablation studies:** We have added the ablation study for the three loss components
 1077 used during pre-training, as shown in Table A5. The results indicate that removing the individual
 1078 loss \mathcal{L}_{fuse} leads to the most significant performance reduction. This is because \mathcal{L}_{fuse} constrains the

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1082 Table A4: The results on the validation set of the various data settings.
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Data setting	BLCA	BRCA	STAD	HNSC	COADREAD
random pairing pre-training data	0.522	0.534	0.511	0.507	0.502
WSI only	0.574	0.593	0.582	0.536	0.524
20% pre-training data/1272 cases	0.615	0.688	0.609	0.551	0.533
50% pre-training data/3181 cases	0.627	0.694	0.613	0.556	0.541
80% pre-training data/5089 cases	0.647	0.720	0.644	0.577	0.548
100% pre-training data/6361 cases	0.651	0.744	0.658	0.593	0.558

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1089 multi-modal representation of the cases, playing a vital role in integrating multi-modal information
1090 for the downstream tasks. $\mathcal{L}_{\text{inter}}$ is the key constraint for aligning the cross-modal representations of
1091 the same case. $\mathcal{L}_{\text{intra}}$ enhances the discriminative power of the individual modal data representations.
1092 Removing any of these losses negatively impacts the downstream task performance.

1093 Table A5: Ablation results of the pre-training losses on validation datasets.

	$\mathcal{L}_{\text{inter}}$	$\mathcal{L}_{\text{intra}}$	$\mathcal{L}_{\text{fuse}}$					
BLCA	0.607	0.582 (±0.025)	0.571 (±0.036)	0.567 (±0.040)	0.522 (±0.085)	0.514 (±0.093)	0.556 (±0.051)	
BRCA	0.672	0.640 (±0.032)	0.646 (±0.026)	0.636 (±0.036)	0.538 (±0.134)	0.524 (±0.148)	0.563 (±0.109)	
STAD	0.729	0.656 (±0.073)	0.670 (±0.059)	0.646 (±0.083)	0.560 (±0.169)	0.557 (±0.172)	0.585 (±0.144)	
HNSC	0.622	0.603 (±0.019)	0.594 (±0.028)	0.569 (±0.053)	0.530 (±0.092)	0.536 (±0.086)	0.559 (±0.063)	
COADREAD	0.661	0.621 (±0.040)	0.629 (±0.032)	0.613 (±0.048)	0.545 (±0.116)	0.543 (±0.118)	0.573 (±0.088)	

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1102 **K value ablation studies:** Table A6 shows the validation metrics of the prognostic tasks for
1103 different values of K. The results indicate that the model is relatively robust to variations in K (with
1104 metric fluctuations within 0.02). Overall, as the value of K increases, the model can gather more
1105 relevant case support, which leads to higher performance. However, the computational complexity
1106 also increases accordingly. Considering the balance between performance and resource consumption,
1107 we ultimately selected K=12 for all experiments.

1108 Table A6: The results on the validation set of the various K values in GSL.

K	BLCA	BRCA	STAD	HNSC	COADREAD
4	0.633	0.728	0.639	0.579	0.546
8	0.648	0.734	0.644	0.582	0.551
12	0.651	0.744	0.658	0.593	0.558
16	0.654	0.747	0.659	0.602	0.562

1116 E.4 MISSING MODALITY TRAINING

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1118 We additionally constructed experiments detailing different genomic data missing rates. We did
1119 not design the method to handle modal omission during the initial stage. Therefore, to conduct
1120 this experiment, we adjusted the training strategy for the Target branch. If a case lacks genomic
1121 data, the Target branch does not participate in training; only the WSI-input Online branch is trained.
1122 The specific experimental results are shown in Table A7. Even when using only partially complete
1123 data, MSRL still surpasses all uni-modal training methods. Furthermore, MSRL remains superior to
1124 existing methods for uni-modal inference, even at a 30% missing rate. This demonstrates that MSRL
1125 can fully utilize existing multi-modal data to learn comprehensive and robust representations. This
1126 greatly enhances WSI’s diagnostic value and data efficiency during the inference phase.

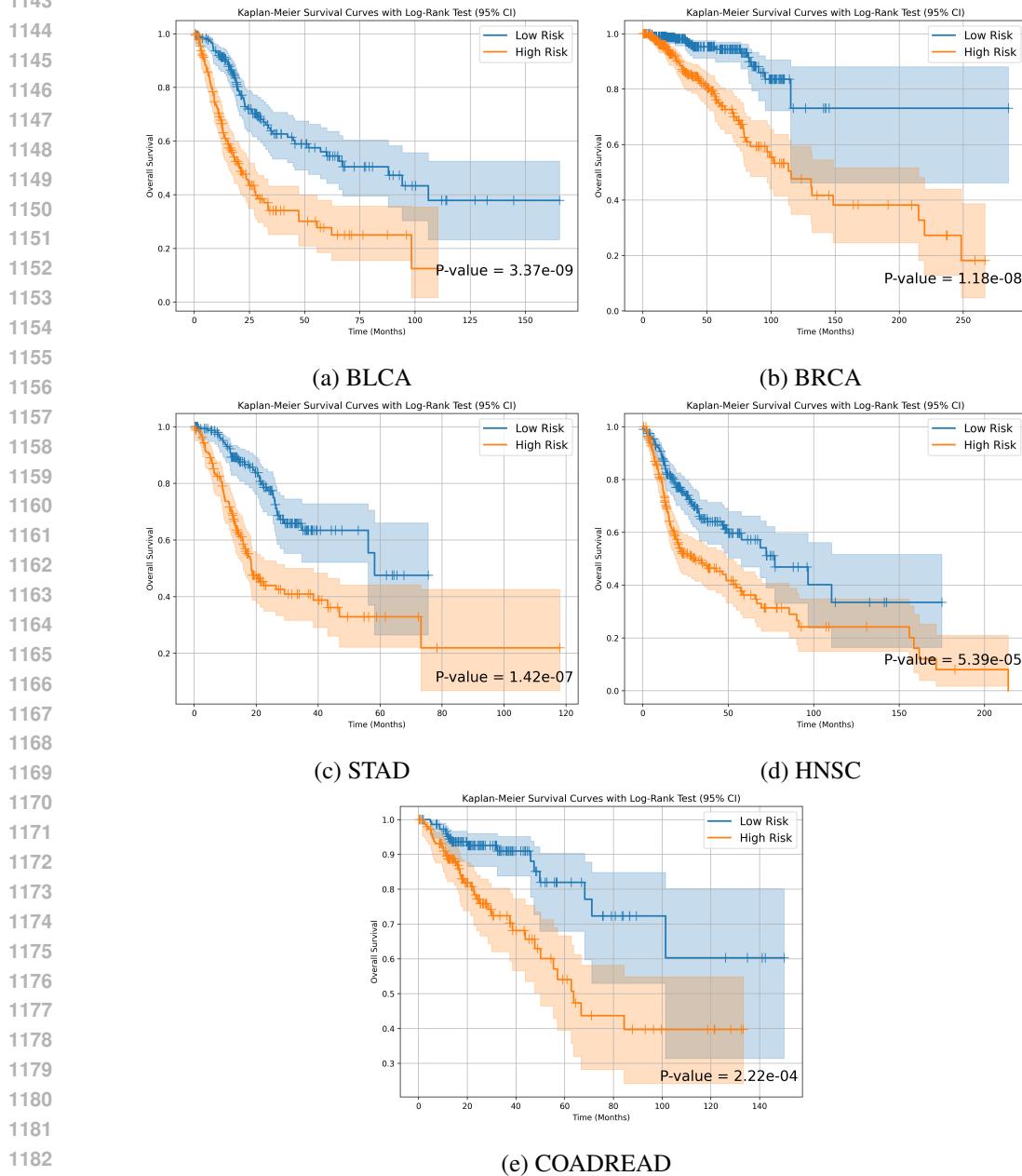
1127 E.5 THE KM ANALYSIS OF SURVIVAL PREDICTION

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1129 To further assess the effectiveness of MSRL in survival prediction, we divide all patients into low-risk
1130 and high-risk groups based on the median of the predicted risk scores from MSRL. Then, we apply
1131 Kaplan-Meier analysis to visualize the survival outcomes of both groups, as shown in Figure A3.
1132 Additionally, we conduct a Log-rank test to evaluate the statistical significance between the low-risk
1133 group (blue) and the high-risk group (red). A p-value of 0.05 or less is considered statistically

Table A7: The results of different genomic data missing rates.

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Method	Modality	BLCA	BRCA	STAD	HNSC	COADREAD	Overall
G-HANet	g.+h. \rightarrow h.	0.5806 \pm 0.0149	0.6418 \pm 0.0138	0.6782 \pm 0.0489	0.5770 \pm 0.0278	0.6216 \pm 0.0184	0.6246
LD-CVAE	g.+h. \rightarrow h.	0.5954 \pm 0.0104	0.6430 \pm 0.0146	0.6938 \pm 0.0495	0.5960 \pm 0.0286	0.6280 \pm 0.0211	0.6313
DisPro	g.+h. \rightarrow h.	0.6058 \pm 0.0269	0.6734 \pm 0.0352	0.6803 \pm 0.0424	0.6053 \pm 0.0610	0.6418 \pm 0.0342	0.6414
MSRL missing 60%	g.+h. \rightarrow h.	0.6008 \pm 0.0125	0.6508 \pm 0.0577	0.6918 \pm 0.0699	0.5896 \pm 0.0570	0.6186 \pm 0.0401	0.6303
MSRL missing 30%	g.+h. \rightarrow h.	0.6132 \pm 0.0668	0.6752 \pm 0.0809	0.7034 \pm 0.0830	0.6026 \pm 0.0505	0.6448 \pm 0.0587	0.6478
MSRL missing 0%	g.+h. \rightarrow h.	0.6192 \pm 0.0184	0.6808 \pm 0.0277	0.7050 \pm 0.0523	0.6182 \pm 0.0015	0.6554 \pm 0.0166	0.6558

1141 significant. The results show that p-values of all datasets are much smaller than 0.05, indicating
1142 significant differences between the groups.
11431184 Figure A3: The curves of Kaplan-Meier analysis for all survival prediction datasets and the p-value
1185 of the Log-rank test.
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1188 F LIMITATIONS OF MSRL
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1190 There are three limitations of the current work: (1) Jointly optimizing node representations and graph
1191 structures easily leads to local optima, which makes it difficult to achieve task-optimal solutions.
1192 We proposed that pre-training and fine-tuning partially mitigate this challenge, but we still need to
1193 find a more stable optimization strategy during fine-tuning. (2) We have not yet introduced more
1194 structured textual information during MSRL's pre-training. Incorporating clinical reports could help
1195 MSRL learn more robust structural representations in multi-modal task inference. (3) We have not
1196 yet conducted a thorough analysis of the distribution of medical centers, ethnic composition, and
1197 regional characteristics in the TCGA dataset, nor have we examined their potential impact on the
1198 applicability of our method.

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