

Systematic comparison of semi-supervised and self-supervised learning for medical image classification

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Abstract

*In typical medical image classification problems, labeled data is scarce while unlabeled data is more available. Semi-supervised learning and self-supervised learning are two different research directions that can improve accuracy by learning from extra unlabeled data. Recent methods from both directions have reported significant gains on traditional benchmarks. Yet past benchmarks do not focus on medical tasks and rarely compare self- and semi- methods together on an equal footing. Furthermore, past benchmarks often handle hyperparameter tuning suboptimally. First, they may not tune hyperparameters at all, leading to underfitting. Second, when tuning does occur, it often unrealistically uses a labeled validation set that is much larger than the training set. Therefore currently published rankings might not always corroborate with their practical utility. This study contributes a systematic evaluation of self- and semi- methods with a unified experimental protocol intended to guide a practitioner with scarce overall labeled data and a limited compute budget. We answer two key questions: **Can hyperparameter tuning be effective with realistic-sized validation sets?** If so, when all methods are tuned well, **which self- or semi-supervised methods achieve the best accuracy?** Our study compares 13 representative semi- and self-supervised methods to strong labeled-set-only baselines on 4 medical datasets. From 20000+ GPU hours of computation, we provide valuable best practices to resource-constrained practitioners: hyperparameter tuning is effective, and the semi-supervised method known as MixMatch delivers the most reliable gains across 4 datasets.*

1. INTRODUCTION

Deep neural networks can deliver exceptional performance on classification tasks when trained with vast labeled

datasets. However, in medical imaging applications assembling a large dataset with appropriate label can be prohibitively costly due to manual effort required by a human expert. In contrast, images alone, without labels, are often readily available in health records databases. In recent years, significant research has focused on developing methods that leverage both the large unlabeled set and a small labeled set to enhance image classifier training, aiming to surpass models trained solely on labeled data.

Two ways of leveraging unlabeled data are particularly popular: semi-supervised and self-supervised learning, both often abbreviated as SSL. Recent efforts in *semi-supervised* learning [74, 88] usually train deep classifiers jointly [5, 69] using an objective with two loss terms, one favoring labeled-set accuracy and the other favoring label-consistency or label-smoothness. Alternatively, *self-supervised* methods [65] take a two-stage approach, first training deep representations on the unlabeled set, then fine-tuning a classifier on the labeled set. Exemplars are numerous [10, 17, 19, 20, 37]. Despite the remarkable progress reported in each direction, these two paradigms have been largely developed independently [21]. A direct comparison of the two paradigms has been notably absent. A practitioner building a medical image classifier from limited labeled data may ask, “**Which recent semi- or self-supervised methods are likely to be most effective?**”

Performance can be quite sensitive to hyperparameters for both semi-SL [69, 71] and self-SL [75]. We argue that any careful comparison must consider *tuning* hyperparameters of all methods in a fair fashion. However, recent work has not handled this well. First, as reviewed in Table 1, recent benchmarks for both semi- and self- paradigms often omit *any* tuning of hyperparameters (see the Fungi semi-SL experiments of Su et al. [71] or Ericsson et al. [27]’s self-SL benchmark). This practice of using off-the-shelf defaults likely leads to under-performing given a new task, and may impact some methods more than others. An even bigger issue with prevailing semi-SL practice was originally raised by Oliver et al. [62]: many published papers perform hyperparameter tuning on a labeled validation set that

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 Code: github.com/tufts-ml/SSL-vs-SSL-benchmark [MIT license].

is larger (sometimes much larger) than the limited labeled train set. Such experimental settings are *unrealistic*. SSL is intended for practitioners without abundant available labeled data. Practitioners that need to make the most of 1000 available labeled images will not elect to put more images in validation than training, and thus are not helped by benchmarks that do. Unfortunately, five years later after [62] we find this issue is still widespread (see Tab. 1). For example, Wang et al. [76]’s semi-SL results on TissueMNIST tune on a validation set over 50x larger than the labeled train set.

Oliver et al. [62] further cast some doubt on whether effective tuning is possible with small labeled sets, saying “Extensive hyperparameter tuning may be somewhat futile due to an excessively small collection of held-out data to measure performance on”. There thus remains a pressing question for resource-constrained practitioners: “**Given limited available labeled data and limited compute, is hyperparameter tuning worthwhile?**”

This study makes progress toward answering these questions by delivering a comprehensive comparison of semi- and self-supervised learning algorithms under a resource-constrained scenario that matches how SSL might be used on real-world medical tasks. Our goal is to enable practitioners to tackle new image classification challenges where only modest-sized labeled datasets exist. We target settings with roughly 2-10 class labels of interest, where each class has 30-1000 available labeled images for all model development (including training and validation). We select representative tasks across 4 datasets that span low-resolution (28x28) to moderate-resolution (112x112 and 384x384). On each task, we run careful experiments with representative recent methods from both semi- and self-supervised learning to clarify what gains are possible with unlabeled data and how to achieve them.

We emphasize realism throughout, in 4 distinct ways: (1) using validation set sizes that are *never bigger than the train set*, avoiding the unrealistically-large validation sets common in past work (Tab. 1); (2) performing hyperparameter search using the *same protocol, same compute budget* (fixed number of hours)* and *same hardware* (one NVIDIA A100 GPU) for all algorithms for fair comparison; (3) respecting natural *class imbalance*; (4) profiling *performance over time*, to inform labs with smaller runtime budgets.

In summary, the contributions of this study are:

1. We provide a **systematic comparison of semi- and self-supervised methods** on equal footing to connect two research directions that have been heretofore separate.
2. We adopt a **realistic experimental protocol** designed to consider the same constraints on available labels and runtime that SSL practitioners face, avoiding the unre-

*Oliver et al. [62] give each method 1000 trials of a cloud hyperparameter tuning service. However, training speed can differ substantially across SSL methods. We argue a fixed wallclock time budget is more fair.

alistic aspects of past benchmarks, especially the use of far too large validation sets.

3. We show that **hyperparameter tuning is viable with a realistic-sized validation set**, and in many cases *necessary* to do well at a new classification task with new data. Ultimately, we hope this study guides practitioners with limited data toward successful deployment of semi- and self-supervised methods on real problems.

2. BACKGROUND AND METHODS

Unified Problem Formulation. Following the recent survey by Chen et al. [21], we adopt a unified perspective for supervised, semi-supervised and self-supervised image classification with limited available labeled data. For model development (including training and hyperparameter selection), we assume there are two available datasets. First, a small labeled dataset \mathcal{L} of feature-label pairs (x, y) , where each image is represented by a D -dimensional feature vector $x \in \mathbb{R}^D$ and its corresponding class label takes one of C possible values: $y \in \{1, 2, \dots, C\}$. Second, an unlabeled set \mathcal{U} containing only feature vectors. Typically, we assume the unlabeled set is much larger: $|\mathcal{U}| \gg |\mathcal{L}|$.

Given labeled set \mathcal{L} and unlabeled set \mathcal{U} , we wish to train a neural network that can map each input x to a probability vector in the C -dimensional simplex Δ^C representing a distribution over C class labels. Let $f_v(\cdot) : \mathbb{R}^D \rightarrow \mathbb{R}^F$ denote a backbone neural network with parameters v producing an F -dimensional embedding given any input image. Let $g_w(\cdot) : \mathbb{R}^F \rightarrow \Delta^C$ denote a final linear-softmax classification layer with parameters w . The following unified objective can capture all three learning paradigms:

$$v^*, w^* \leftarrow \arg \min_{v, w} \sum_{x, y \in \mathcal{L}} \lambda^L \ell^L(y, g_w(f_v(x))) \quad (1) \\ + \sum_{x \in \mathcal{U}} \lambda^U \ell^U(x, f_v, g_w).$$

Here, ℓ^L represents a labeled-set loss (e.g. multi-class cross-entropy), and ℓ^U represents a unlabeled-set loss. $\lambda^L, \lambda^U \geq 0$ are weights for the corresponding loss terms. The design of ℓ^U is usually what differs substantially across methods. For instance, setting ℓ^U to be cross-entropy computed with pseudo-labels generated from classifier g recovers PseudoLabel [58]; a temperature-scaled instance-similarity contrastive loss recovers SimCLR [17].

All three learning paradigms that we study optimize Eq. (1), yet differ in the number of phases and in how to set the scalar weights λ^L, λ^U on each loss term. Supervised learning ignores the unlabeled term throughout training ($\lambda^U = 0$), thus learning parameters using only the labeled set. Semi-supervised methods include both terms in one end-to-end training, keeping both $\lambda^U > 0$ and $\lambda^L > 0$.

Self-supervised learning has two phases. In phase 1 (“pretraining”), the labeled term is omitted ($\lambda^L = 0, \lambda^U = 1$) and the focus of learning is an effective representation

Benchmark	Methods	Unrealistic Experiments	Labeled train size	Labeled val. size	Acc vs. Time?
Realistic eval. SSL [a]	Semi	CIFAR-10 (Tab. 1-2, Fig. 2)	4000	5000	no
		SVHN (Tab. 1-2, Fig. 3-4)	1000	7325	
Fine-grained SSL [b]	Semi & 1 Self*	Semi-Aves	5959	8000	no
		Semi-Fungi	4141	None	
USB [c]	Semi	TissueMNIST	80/400	23640 [†]	no
		Semi-Aves	5959	None	
Self benchmark [d]	Self	ImageNet	1.28 mil.	None	no
SSL-vs-SSL (<i>ours</i>)	Semi & Self	no	400-1660	no bigger than train	yes

Table 1. **Comparison of related benchmarks of semi-supervised and self-supervised learning.** Past works either do no hyperparameter tuning at all (val. size = None), or use an unrealistically large validation set (defined as *larger than the labeled train set*) in some or all experiments. Further, each work almost exclusively looks at methods from one paradigm, either semi- or self- (*: [b] includes one self-supervised method, MOCO). In contrast, in this paper we benchmark 6 semi- and 7 self-supervised algorithms with hyperparameter tuning on realistic validation sets. *Acc vs. Time?* indicates whether the work analyzes performance over training time. Number marked [†] confirmed via [GitHub comment by USB authors](#). Citations: a: Oliver et al. [62], b: Su et al. [71] c: Wang et al. [76] d: Ericsson et al. [27].

layer f_v (classifier g_w is not included in this phase). In phase 2 (“fine-tuning”), we focus on the labeled term and omit the unlabeled term ($\lambda^L = 1, \lambda^U = 0$). We fix the representation parameter v and fine-tune the classifier w .

We now identify the 16 methods we will evaluate:

Supervised methods. The goal of leveraging unlabeled data \mathcal{U} is to obtain better performance than what we could obtain using only the labeled set \mathcal{L} . Therefore, we naturally compare to 3 high-quality supervised baselines that use only the labeled set. First, “Sup” denotes a classifier trained with supervised loss ℓ^L set to multi-class cross-entropy. Second, “MixUp” trains with cross entropy with the addition of mixup data augmentation [85]. Finally, “SupCon” pursues a supervised contrastive learning loss for ℓ^L [49].

Semi-supervised methods. We compare 6 semi-supervised methods that train deep classifiers on both labeled and unlabeled data *simultaneously* as in Eq. (1). To represent the state-of-the-art of semi-supervised image classification, we select Pseudo Label (“PseudoL”) [58], Mean Teacher (“MeanTch”) [73], MixMatch [5], FixMatch [69], FlexMatch [84] and CoMatch [59]. These choices cover a reasonably wide spectrum of unlabeled loss design strategy, year of publication, and computation cost. CoMatch represents a recent trend of combining semi- and self-supervision. See App D.2 for a wider literature review.

Self-supervised methods. We compare 7 self-supervised algorithms: SimCLR [17], MOCO (v2) [20, 37], SwAV [10], BYOL [34], SimSiam [19], DINO [11] and Barlow Twins (“BarlowTw”) [82]. These algorithms epitomize the field of self-supervised learning as of this writing. SimCLR, MOCO (v2), and SwAV are based on contrastive learning, which learns effective representations when provided with similar and dissimilar samples. BYOL was designed to circumvent the need for dissimilar samples. SimSiam is a simple yet effective Siamese representation learning method. DINO uses a teacher-student network architec-

ture for representation distillation. Barlow Twins preserves information and reduces redundancy by favoring a close-to-identity cross-correlation matrix between augmented pairs of data. See App D.3 for further review.

3. RELATED WORK

Table 1 summarizes key attributes of existing major benchmarks for semi-supervised and self-supervised methods. We now discuss how our study situates in this context.

Comparison to Oliver et al. Oliver et al. [62] provide an influential benchmark of deep semi-supervised methods. Like our work, they highlight the pressing issue of using unrealistically large validation sets for hyperparameter tuning. However, most of their experiments (e.g. all their tables and their figures 2-4) still use this unrealistic setting to be comparable to other works; only one subsection (Sec. 4.6) examines validation sets no larger than the train set. Instead, *we exclusively use validation set sizes no larger than training set*, mimicking what practitioners would face in real-applications. Our definition of a “realistic” size for a validation set – no larger than the labeled train set – is broader than Oliver et al.’s definition of 10% of the train set. We favor our definition because Oliver et al. find specifically that “for validation sets of the same size (100%) as the training set, some differentiation between the approaches is possible.” In contrast, they found reliable differentiation was not always possible with much smaller validation sets.

Furthermore, the benchmarking results presented by Oliver et al. require each algorithm to complete “1000 trials of Gaussian Process-based black-box optimization using Google Cloud ML Engine”. This resource-intensive process seems impractical for researchers outside well-funded industrial labs. We use more modest compute budgets and specifically allow each method the same total wallclock runtime for tuning, again obeying practical constraints.

Other semi-supervised benchmarks. TorchSSL [84]

benchmarked eight popular semi-supervised learning algorithm using a unified codebase. The same group later extended that effort to natural language and audio processing in their *USB* benchmark [76]. Another recent effort for fine-grained classification by Su et al. [71] evaluates semi-supervised learning on datasets that exhibit class imbalance and contains images from novel classes in the unlabeled set, studying the effect of different initializations and the contents of unlabeled data on the performance of semi-supervised methods. While making significant contributions, these works focused on semi-supervision almost exclusively and did not include multiple self-supervised learning methods, thus leaving open the questions “*How do the two paradigms compare? Which methods are best overall?*”

Prior self-supervised benchmarks. Several works have proposed different benchmarks for self-supervised methods. Goyal et al. [32] introduced a benchmark that covers 9 different tasks, such as object detection and visual navigation. Ericsson et al. [27] compared thirteen top self-supervised models on 40 downstream tasks. Da Costa et al. [23] presented a library of self-supervised methods that can be easily plugged into different downstream tasks and datasets. However, these works mainly consider other self-SL methods without direct comparison to the semi-SL paradigm. Moreover, they mostly do not incorporate the use of a validation set for hyperparameter tuning *at all*. This can lead to suboptimal accuracy at test time and complicate comparisons to methods that do tune.

Self-supervision for medical images. Our work is complementary to recent efforts that assess self-supervised pipelines for medical image classification [2, 3]. They focus primarily on how to design multi-stage transfer learning pipelines and do not comprehensively compare many different self-supervised methods or *any* semi-supervised methods. Further, many datasets studied by [3] come from proprietary projects conducted at Google. In contrast, all our data and experiments are open and reproducible by others.

Combining semi- and self-supervision. Recent research has explored the *fusion* of semi-supervised learning and self-supervised learning ideas [50, 59, 83, 87]. Some recent surveys [21, 65] compare semi- and self-supervised learning, but they focus on literature review while we offer realistic and comprehensive benchmarking experiments.

4. DATASETS AND TASKS

We study four open-access medical image classification datasets, all with 2D images that are fully deidentified. Table 2 reports statistics for all train/test splits. The exact splits used in our study can be found in our open-source codebase, documented in App. A.

Two datasets – PathMNIST and TissueMNIST – are selected from the MedMNIST collection [80] (criteria in App. B.2). Prior experiments by Yang et al. [80] suggest

	TissueMNIST				PathMNIST				
	Labeled		Unlab.		Labeled		Unlab.		
	Train	Val	Test	Train	Train	Val	Test	Train	
total	400	400	47280	165066	total	450	450	7180	89546
GE	15	15	1677	5851	NORM	39	39	741	7847
DCT	19	19	2233	7795	MUC	40	40	1035	7966
POD	19	19	2202	7686	ADI	47	47	1338	9319
LEU	28	28	3369	11761	STR	47	47	421	9354
IE	37	37	4402	15369	BACK	48	48	847	9461
TAL	59	59	7031	24549	DEB	52	52	339	10308
PT	95	95	11201	39108	LYM	52	52	643	10349
CD/CT	128	128	15165	52947	MUS	61	61	592	12121
					TUM	64	64	1233	12821
	TMED-2				AIROGS				
	Labeled		Unlab.		Labeled		Unlab.		
	Train	Val	Test	Train	Train	Val	Test	Train	
total	1660	235	2019	353500	total	600	600	6000	94242
PSAX	223	50	342	-	Glaucoma	60	60	600	-
A2C	325	28	319	-	No Glauc.	540	540	5400	-
A4C	462	39	423	-					
PLAX	650	118	935	-					

Table 2. **Summary statistics of train/validation/test splits** for all datasets in our study. Each table’s rows are arranged in ascending order based on the number of per-class labeled train images. Full description of class names can be found in App B.3.

their 28x28 resolution is a reasonable choice for rapid prototyping; using larger 224x224 resolution does not yield much more accurate classifiers for these two datasets.

Two other datasets represent more moderate resolutions closely tied to contemporary clinical research: the 112x112 Tufts Medical Echocardiogram Dataset (TMED-2) and the 384x384 AIROGS dataset. Further details for each dataset are provided in a dedicated paragraph below.

For each dataset, our data splitting strategy closely mirrors the conditions of real SSL applications. First, we let labeled training and validation sets contain a natural distribution of classes even if that may be imbalanced. This reflects how data would likely be affordably collected (by random sampling) and avoids artificially balanced training sets that will not match the population an algorithm would encounter in a deployment. Second, to be realistic we ensure validation sets are never larger than the available labeled train sets. This is in contrast to previous benchmarks: Wang et al. [76]’s TissueMNIST hyperparameter search used a validation set of 23,640 images even though the labeled training set contained only 80 or 400 images. In practice, such a large validation set would almost certainly be re-allocated to improve training, as noted in Oliver et al. [62].

TissueMNIST is a lightweight dataset of 28x28 images of human kidney cortex cells, organized into 8 categories. The original dataset is fully-labeled and distributed with predefined train/val/test split of 165,466/23,640/47,280 im-

ages with some class imbalance. We assume a total labeling budget of 800 images, evenly split between training and validation (to ensure hyperparameter tuning can differentiate methods). We form a labeled training set of 400 images from the predefined training set, sampling each class by its frequency in the original training set. We form a labeled validation set of 400 images sampled from the predefined validation set. For unlabeled set, we keep all remaining images in the original training split, discarding known labels.

PathMNIST is another lightweight dataset of 28x28 images of patches from colorectal cancer histology slides that comprise of 9 tissue types. The original dataset is fully-labeled and distributed with predefined train/val/test split of 89,996/10,004/7,180 images. Class imbalance is less severe than TissueMNIST. We assume a total labeled data budget of 900 images, again evenly split between training and validation. Labeled train, labeled valid, and unlabeled sets are sampled via the same procedures as in TissueMNIST. For both MedMNIST datasets, we use the predefined test set.

TMED-2 [39, 40] is an open-access dataset of 112x112 2D grayscale images captured from routine echocardiogram scans. Each scan produces dozens of ultrasound images of the heart, captured from multiple acquisition angles (i.e., different anatomic views). In this study, we adopt Huang et al.’s view-classification task: the goal is to classify each image into one of 4 canonical view types (see App. B.3). View classification is clinically important: measurements or diagnoses of heart disease can only be made when looking at the right anatomical view [60, 77]. We used the provided train/validation/test split (id #1), which is naturally imbalanced and matches our criteria for realistic sizing. We further use the provided large unlabeled set of 353,500 images. TMED-2’s unlabeled set is both *authentic* (no true labels are available at all, unlike other benchmarks that “forget” known labels) and *uncurated* [41] (contains images of view types beyond the 4 classes in the labeled task).

AIROGS [24] is a public dataset released for a recent competition where the binary classification task is to decide whether the patient should be referred for glaucoma or not, given a color fundus image of the retina (eye). We selected this dataset because it represents an active research challenge even with all available labels. Furthermore, because labels for this dataset were acquired at great expense (multiple human annotators graded each of over 100k images), we hope our work helps assess how self-/semi-supervision could reduce the annotation costs of future challenges. We selected the 384x384 resolution favored by several high-performing competition entries. We chose a labeling budget of 1200 total images, evenly split between train and validation; the rare positive class (9 to 1 imbalance) is representative of many screening tasks. We took the rest of available images as the unlabeled train set.

5. EXPERIMENTAL DESIGN

Performance metric. We use *balanced accuracy* [33, 35] as our primary performance metric. For a task with $C \geq 2$ classes, let $y_{1:N}$ denote true labels for N examples in a test set, and $\hat{y}_{1:N}$ denote a classifier’s predicted labels. Let TP_c count *true positives* for class c (number of correctly classified examples whose true label is c), and let N_c count the total number of examples with true label c . Then we compute balanced accuracy (BA) as a percentage:

$$BA(y_{1:N}, \hat{y}_{1:N}) = \frac{1}{C} \sum_{c=1}^C \frac{TP_c(y_{1:N}, \hat{y}_{1:N})}{N_c(y_{1:N})} \cdot 100\% \quad (2)$$

Balanced accuracy is more suitable than standard accuracy for imbalanced problems when each class matters equally. The expected BA of a uniform random guess is $\frac{100}{C}\%$.

On AIROGS, we also track metrics recommended by its creators [24] for clinical utility: AUROC, partial AUROC (>90% specificity) and sensitivity-at-95%-specificity.

Architectures. CNN backbones are popular in medical imaging [6, 28–31, 42, 45, 54–56, 77, 78]. We use ResNet-18 [36] on Tissue and Path, and WideResNet-28-2 [81] on TMED-2. We experiment with both ResNet-18 and 50 [36] on AIROGS to assess architectural differences.

Training with early stopping. For each training phase, we perform minibatch gradient descent on Eq. (1) with Adam [51] optimizer and a cosine learning rate schedule [69]. Each training phase proceeds for up to 200 epochs, where one epoch represents enough minibatch updates to process the equivalent of the entire combined training set $\mathcal{L} \cup \mathcal{U}$. After every epoch, we record balanced accuracy on the validation set. If this value plateaus for 20 consecutive epochs, we stop the current training phase early.

Hyperparameters. Semi- and self-supervised learning can both be sensitive to hyperparameters [71, 75]. Our evaluations tune both shared variables (e.g. learning rates, weight decay, unlabeled loss weight λ^U) as well as hyperparameters unique to each algorithm. See App. F.1 for details on all hyperparameters for all methods.

Unified procedure for training and hyperparameter tuning. We formulate a unified procedure mindful of realistic hardware and runtime constraints for a non-industrial-scale lab working on a new medical dataset. We assume each algorithm has access to one NVIDIA A100 GPU for a fixed number of hours. Within the allotted compute budget, for each algorithm we execute a serial random search over hyperparameters, sequentially sampling each new configuration and then training until either an early stopping criteria is satisfied or the maximum epoch is reached. We track the best-so-far classifier in terms of validation-set performance every epoch. Algorithm D.1 provides pseudocode for the procedure. Each time a new hyperparameter configuration is needed, we sample each hyperparameter value indepen-

dently from a distribution designed to cover its common settings in prior literature (App. F.1). Our choice of random search on a budget is thought to yield better performance than grid search [4], fairly expends the same effort to train all methods regardless of their cost-per-epoch or hyperparameter complexity, and does not assume industrial-scale access to 1000 cloud-computing trials as in Oliver et al. [62]. We find that performance saturates after about 25 hours per 80000 unlabeled examples. We thus allocate for the total time budget 25 hours for PathMNIST, 50 hours for TissueMNIST, and 100 hours for TMED-2. We allow 100 hours for AIROGS due to its larger resolution. Due to limited resources, we select only a few competitive methods to run on AIROGS based on the results on other datasets.

Self-supervised classification phase. Self-supervised methods by definition do not utilize label information when training representation layer weights v . To enable a proper comparison, for all self-SL methods our Alg. D.1 introduces an additional classification layer, training it anew after each epoch, each time using a 10 trial random search for an L2-penalty regularization hyperparameter. We retain the best performing weights w on the validation set. We emphasize that w does not impact overall self-supervised training of v .

Data augmentation. Random flip and crop are used for all semi-supervised and supervised methods. MixMatch also utilizes MixUp [85], while RandAugment [22] is used by FixMatch and FlexMatch. For each self-supervised method as well as SupCon, we apply the same SimCLR augmentation: random flip, crop, color jitter, and grayscale.

Multiple trials. We repeat Alg. D.1 for each method across 5 separate trials (distinct random seeds). We record the *mean balanced accuracy* on valid and test sets of these trials every 60 minutes (every 30 min. for Tissue and Path).

6. RESULTS & ANALYSIS

In each panel of Fig. 1, we focus on one dataset and architecture, plotting for each algorithm one line showing test set balanced accuracy (averaged across 5 trials) as a function of time spent running Alg. D.1. Variance across trials is visualized in Fig C.4. Extra results on AIROGS showing other performance metrics over time (AUROC, partial AUROC, and sensitivity at 95% specificity) are found in Fig. C.3. We emphasize that following best practice, each checkpoint represents the best hyperparameters as selected on the validation set; we then report that checkpoint’s test set performance. These results help us answer two key questions:

Is hyperparameter tuning worthwhile for SSL methods when validation set sizes cannot be larger than the train set? Across Fig. 1 and C.3, all 16 algorithms show roughly monotonic improvements in test performance over time, despite using a realistic-sized validation set. The final performance of every algorithm and dataset shows improvement due to our unified training and tuning procedure (fur-

name	Gain in Bal. Acc. over best labeled-set-only					
	Path	Tissue	TMED	AIROGS	median	worst
MixMatch	12.4	3.7	-0.2	5.7	4.7	-0.2
<i>MOCO</i>	7.9	4.4	-18.8	n/a	4.4	-18.8
<i>SwAV</i>	8.4	4.3	-10.1	n/a	4.3	-10.1
<i>SimCLR</i>	11.0	5.9	-7.8	1.6	3.8	-7.8
<i>BYOL</i>	12.1	6.2	-6.0	0.9	3.5	-6.0
<i>BarlowTw</i>	11.2	2.2	-1.9	n/a	2.2	-1.9
<i>SimSiam</i>	1.9	2.1	-11.6	n/a	1.9	-11.6
FlexMtcH	11.1	4.5	-1.1	-4.2	1.7	-4.2
<i>DINO</i>	12.6	6.5	-3.4	-3.8	1.6	-3.8
FixMatch	9.3	2.9	0.2	-4.5	1.6	-4.5
CoMatch	14.1	0.2	-3.0	n/a	0.2	-3.0
MeanTch	-1.6	-1.9	-1.2	n/a	-1.6	-1.9
PseudoL	0.6	-1.4	-4.4	-3.2	-2.3	-4.4
ref. val.	69.8	33.9	94.9	71.5		

Table 3. **Gains from SSL methods over only using labeled set**, across 4 datasets. *Self (italicized)*, Semi (normal). We report gains in percentage balanced accuracy (higher is better) in the mean final test set performance (averaged over 5 runs of Alg. D.1) over a reference value that represents the best labeled-set-only run among Sup (minimize cross entropy), SupCon, and MixUp. MixMatch has the highest median gain, and is the only method to never score notably worse (> 1 point) than the best labeled set only run.

ther discussion in App. E.1). Therefore, we answer: *Yes, realistically-sized validation sets for hyperparameter tuning and checkpoint selection can be effective.*

What are the best SSL methods?. Among the many methods we study in Fig. 1, no method clearly outperforms others across all datasets. On Path, CoMatch, MixMatch, DINO, and BYOL perform best. On Tissue, self-supervised methods like DINO, BYOL, and SimCLR score well. On TMED-2, ultimately only FixMatch and MixMatch are competitive with the MixUp baseline. On AIROGS, only MixMatch, SimCLR and BYOL beat the Sup baseline.

For each semi- and self- SSL method, Tab. 3 reports its relative gain in balanced accuracy over the best labeled-set-only supervised baseline on each dataset. We conclude that *MixMatch represents the best overall choice* as it consistently performs at or near the top across all tasks. It is the only method to never deliver results worse by more than 1 percentage point than the best labeled-set-only baseline (see “worst” column of Tab. 3). *This is in stark contrast to USB [76], where FixMatch and FlexMatch are ranked notably higher than MixMatch.* Such differences stress the importance of choosing proper evaluation protocol tailored to specific needs. We do caution that *hyperparameter tuning is strongly recommended for MixMatch to succeed on a new dataset* (see AIROGS result in Tab. 4).

Pretraining vs. from scratch. Plots in App. C show accuracy-over-time profiles using initial weights pretrained

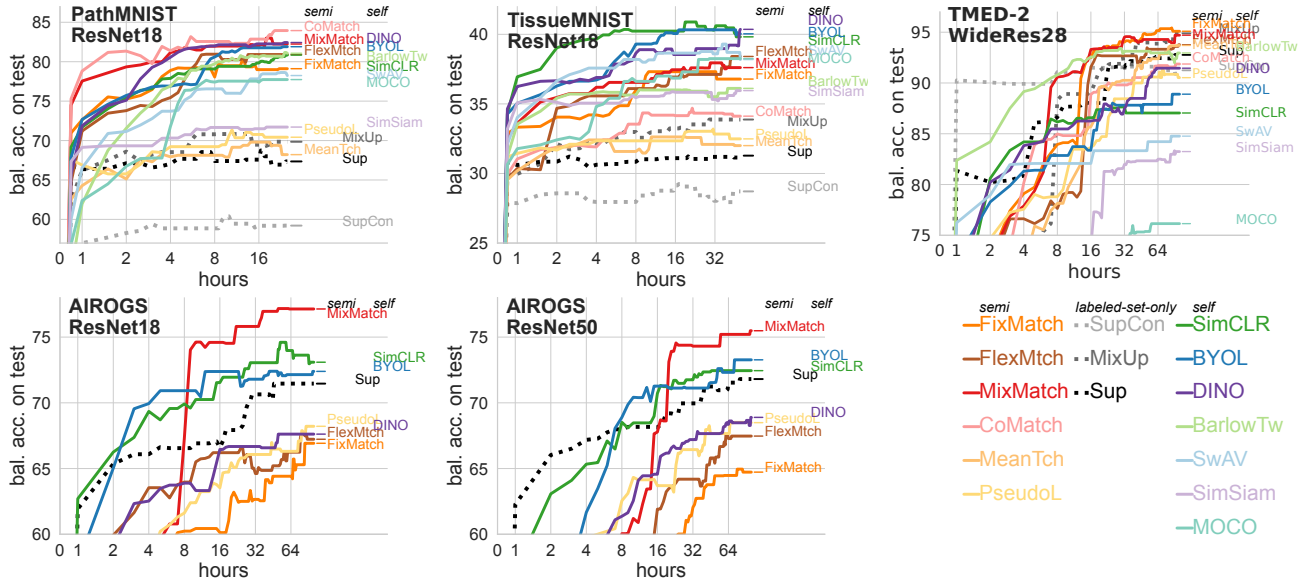


Figure 1. **Balanced accuracy over time profiles of semi- and self-supervised methods** across all 4 datasets. At each time, we report the test set bal. acc. of each method (mean over 5 trials of Alg. D.1). Best viewed electronically. *Top Row*: On these 3 datasets, we compare all 6 semi- and 7 self- methods (see legend in lower right, citations in Sec. 2), to 3 labeled-set-only baselines. *Bottom Row*: On larger AIROGS dataset, we compare selected methods representative of the best in the top row. Thin lines show final performance to ease comparison. From these charts, we suggest that our unified training and tuning (Alg. D.1) is effective, as all methods show gains over time.

on ImageNet. Compared to training from scratch, we see only slight gains (less than 3 points of BA) in ultimate test-set accuracy when top methods use pretraining, which aligns with observations in [66] but counters the “large margin” gains (sometimes over 10 points) reported by Su et al. [71]. Pretraining’s benefits still include improved convergence speed and reduced variance across trials.

ResNet-18 vs. ResNet-50. The bottom row of Fig 1 compares ResNet-18 and ResNet-50 architectures on AIROGS. We broadly find that the method rankings are similar. More notably, ResNet-50 is not substantially better than ResNet-18 in this task when compared using the same runtime budget. Profiles of other performance metrics in App C.3 suggest the same conclusions.

Tuning vs. Transferring from another dataset. To make the most of limited labeled data, one strategy is to use the entire labeled set for training, reserving no validation set at all. This approach relies on pre-established “best” hyperparameters sourced from other datasets and transferred to the target task, obviating the need for data-specific tuning. Su et al. [71] employed this strategy in their benchmark, avoiding tuning due to concerns that small validation sets would yield unreliable selection. However, this claim in their work was not supported by experiments. Here, we directly compare our hyperparameter tuning strategy (Alg. D.1) with Su et al.’s transfer strategy. We train the latter on the combined train + validation sets, using “best” hyperparameters from CIFAR-10 and Tissue (details

in App. F.2). Tab. 4 reports the final test-set balanced accuracy of each strategy on Path, TMED-2 and AIROGS.

Our hyperparameter tuning strategy is competitive across all datasets: the “Tune” columns of Tab. 4 have the highest fraction of green cells. The alternative transfer strategy is faster and occasionally yield reasonable results. However, there is no guarantee of good performance from hyperparameter transfer, as evidenced by the inferior cases in Tab. 4 highlighted in yellow and red. There is also no consistent distinction between transferring from Tissue (an arguably more related medical dataset) and transferring from CIFAR-10, underscoring the challenge of identifying a “closely related” dataset for hyperparameter transfer.

Overall, we recommend researchers pursuing SSL for a new medical classification task should adopt our hyperparameter tuning strategy. Transferring off-the-shelf hyperparameters has highly variable performance and can even result in divergence (see MixMatch on AIROGS in Tab. 4). Even with reasonable hyperparameters, having no validation set makes checkpoint selection challenging. Adjacent epochs that exhibit similar low training losses may differ by over 5% in test accuracy in our experiments. Improving transfer from existing hyperparameters to a new task is an interesting further direction of research.

		PathMNIST			TMED-2			AIROGS		
Hyperparam. strategy:	Tune	Best from Tissue	Best from CIFAR-10	Tune	Best from Tissue	Best from CIFAR-10	Tune	Best from Tissue	Best from CIFAR-10	
semi	MixMatch	82.24	83.87	73.51	94.71	92.67	74.73	77.14	61.75	Diverged
	CoMatch	83.95	80.51	86.42	91.87	92.51	92.67			
	FixMatch	79.11	82.64	79.73	95.06	95.12	95.73	66.92	66.31	65.50
	FlexMatch	80.91	78.70	80.23	93.77	93.97	93.70	67.23	72.82	74.52
	Pseudo-Label	70.42	66.12	64.71	90.52	88.78	82.13	68.21	64.43	66.93
	Mean-Teacher	68.21	55.90	56.13	93.70	91.21	58.26			
self	SimCLR	81.05	79.86	80.05	87.04	84.41	87.24	73.01	67.15	67.95
	BYOL	81.79	80.35	80.16	88.90	88.41	85.15	72.40	70.13	70.63
	SwAV	77.90	78.24	81.30	84.76	82.17	82.20			
	MoCo	77.73	79.95	79.12	76.14	78.56	79.11			
	SimSiam	71.78	68.62	70.44	83.24	80.93	80.20			
	BT	80.85	72.79	80.25	92.96	91.63	90.81			
	DINO	82.52	77.50	80.67	91.45	84.80	90.03	67.61	66.46	67.13

Table 4. **Hyperparameter strategy evaluation.** Table reports ultimate test-set balanced accuracy as percentage (mean over 5 trials, higher is better) on three target datasets: PathMNIST, TMED-2, and AIROGS. 3 different hyperparameter strategies are compared for each SSL method. Due to computation constraints, we only select a few algorithms to run on AIROGS, explained in Sec. 5. *Tune* strategy: tuning for best hyperparameters via our proposed Alg. D.1 for 100 hours (TMED-2 and AIROGS) and 25 hours (PathMNIST), using provided train/validation split. *Best from Tissue/CIFAR-10* strategy: just one training phase on the target dataset using the “best” hyperparameters selected from the named source data. These runs combine train and validation data for fitting following Su et al. [71], and typically take 1-4/5-30/10-40 hours on Path/TMED-2/AIROGS depending on the algorithm and whether early stopping is triggered. To highlight which strategies are most effective, we bold the best strategy within each dataset-specific row, and color cells relative to this bold value as green (within 2.5 of best), yellow (within 5 of best), and red (worse by 5 or more points).

7. DISCUSSION & CONCLUSION

We have contributed a benchmark that helps practitioners quantify what gains in a classification task are possible from the addition of unlabeled data and which methods help achieve them. We offer a unified approach to training and hyperparameter selection of semi-supervised methods, self-supervised methods, and supervised baselines that is both affordable and realistic for research labs tackling new challenges without industrial-scale resources.

Limitations. We deliberately focused on a modest number of labeled examples (30 - 1000) per class, motivated by projects where substantive effort has already gone into labeled data collection. Applications in more scarce-label regimes (e.g. zero-shot or few-shot) may need to also consult other benchmarks, as should those looking at hundreds of fine-grained classes. We also did not specifically study situations where the distribution of labeled and unlabeled data significantly differs [41, 44, 62, 67].

To enable thorough experiments, we focused on moderate ResNet architectures that have proven effective in clinical applications [42, 78]. As ViT-based methods become popular in medical imaging [1, 43], it would be valuable to understand if similar findings hold with vision transformers [26]. We leave this to future work. Ideally, our results would be verified across multiple train-validation splits; however the resources needed remain prohibitive.

Our analysis here is limited the specific metrics of balanced accuracy and sensitivity/specificity (for AIROGS). Other clinically useful metrics, such as AUPRC, calibration, or net benefit, may be needed to decide if a classifier is appropriate for deployment [70]. For medical applications, it is also key to understand fairness across subpopulations [13] to avoid propagating structural disadvantages.

Broader impact. All data analyzed here represent fully-deidentified open-access images approved for widespread use by their creators. We think the benefit of promoting these medical tasks to advance ML research outweighs the slight risk of patient reidentification by a bad actor.

Outlook. Our experiments show that real benefits from the addition of unlabeled data are sometimes possible: our recommended methods see gains of +5 points of balanced accuracy on TissueMNIST, +10 points on PathMNIST, and +5 points on AIROGS against strong labeled-set-only baselines. In contrast, most tested methods do not add significant gains on TMED-2, perhaps due to that benchmark’s *uncurated* nature [41]. We hope our work enables the research community to convert decades of effort on SSL into improved patient outcomes and better scientific understanding of disease and possible treatments. We further hope that our benchmark inspires those that pursue improved methodological contributions to favor realistic evaluation protocols and clinically-relevant datasets.

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