

I am of the opinion that a small number of patients (11 in total) received follow up for a reasonably long period of time (two years). It would be good if a group of 30 patients would undergo a follow up. It would be unacceptable, though, if heterogeneous groups of patients were to be analyzed (heterogeneous meaning the number of patients and the duration of therapy – i.e. 24,18,12 patients throughout the period of 6 months). From the study that we conducted, it was not clear when exactly during the 2 year timeframe, the relapse of the medical condition occurred in the patients that we studied. Also, the gender of the patients that were included in the study was not identified. Yet, it is a well known fact that MS is more common in females. Another downside was that there was no placebo group (in relation to determining an adequate age group, a gender group, a treatment duration period or an EDSS score group). If there was a placebo group, it would have been possible to determine the effects of interferon-beta treatment in comparison to treatments with other medications. In addition, a common follow-up efficiency of the interferon therapy in patients with MS was to provide an analysis of the number of demyelinating lesions on the brain and spinal cord MRI. This did not occur, either. Therefore, it would be useful to extend and expand the study to these areas as well and then publish it as a professional article.