Reviewer 1
In introduction:
line 13 Article 7 does not correspond to the text. It also does not refer to the use of OCT for MS at all
line 31: where do the values for the RNFL originate from?
line 32: article 9 does not correspond to the text context.
In methods:
Control group had other pathologies. What were they?
Why was the area temporal to the macula selected. How was the distance of 500microns selected?
Which protocol was used for the OCT scans, how was the thickness measured (automatically, manually). How did the technician make sure that the same area was measured in each subject especially temporally to the macula.
Who performed the EDSS, were they blind to the scans and group. How were the patients and controls chosen(consecutive or otherwise)?
Were the groups tested for normality. Why were parametric tests chosen? How were the actual tests performed i.e. statistics program?
Ages and distributions as well as the patient numbers in the groups should be in the result sections, not in the methods.
In results:
Why was the RNFL named inner layer, why were Bruchs RPE and PR named outer. What about the other layers, All this was not explained in methods. The RNFL thickness mentioned in the text and in Table 2 was it the RNFL around the disk, temporal to the macula, average of the two?
Is there an explanation why the left RNFL correlates to the disease duration but not the right?
The correlation of the EDSS with the RNFL is very small if if they were statistically significant as the R value is around 0.250. A graphical representation would be more useful.
What does R1-12 and L1-12 stand for in Table 4. Not explained in table or text. If it represents different segment of the OD scan, what is the reason that some are statistically different and some are not? From a statistical point of view it is methodically incorrect to test for many variables in small cohorts, it reduces the power of testing and increases the chance of random correlations
In conclusions:
The title of this segment should be discussion not conclusions
In line 22 the statement is not supported by article 18
Article 20 refers to patients with optic neuritis. According to the method patients in this study did not have neuritis

Some references are not properly formatted

Reply to reviewer 1:
1. Reference 7 was changed.
2. The RNFL values originated from the OCT device. we have added a detailed description on measuring process in the methods section.
3. Reference 9 was changed.
In methods:
1. Control group pathologies were cataract.
2. Temporal macula was selected a a random location and one easy to find in an OCT print output. 500 microns were selected in order to be outside the macula. This data was added to the manuscript.
3. The protocol used as well as the measuring process is now described in the methods section.
4. EDSS was performed by a neurologist the same day. Patients in control group were chosen consecutively. This data was added to the manuscript.
5. We have not fully understood the question. The tests were chosen with a consult of the group statistician. The statistics program was SPSS. This data was added to the manuscript.
6. RNFL and other layers were named in respective to the vitreous body. due to the nature of MS insulting fibers other layers were not calculated. as the calculation of outer retina thickness shows MS does not harm other layers. RNFL mentioned in table and text is temporal to the macula.
7. We do not have an explanation to the correlation of the left rather then both eyes. We chose to deliver this information as is.
8. We agree with this kind remark, but unfortunately our analysis was unable to provide such a graph.
9. We have added an explanation of R1 etc. in tble 4. those are the locations across the retina RNFL was measured.

In conclusions:
1. The title was changed.
2. We thank the reviewer for this remark. I kindly refer to the conclusion section of refernce 18: "The results of our study demonstrated significant association of RGC axonal and neuronal loss in NON-eyes of MS patients with both retinal dysfunction and post-chiasmal damage of the visual pathway"
3. We thank the reviewer for the remark. The reference was changed.

Reviewer 2:
The manuscript entitled “OCT as a monitoring tool for assessment of the stage and severity of multiple sclerosis: A prospective double-blind study,” by Pikkel et al., describes a clinical study of multiple sclerosis patients and a control group in terms of MS severity, as evaluated by the expanded disability status scale (EDSS), and retinal nerve fiber layer (RNFL) thickness, as measured by OCT. The purpose of the study was to determine if a correlation exists between EDSS score and RNFL thickness, which could be used for monitoring MS patients. No statistically significant correlation between these two factors was observed. The only true significance of the study was to demonstrate that RNFL thickness decreases with years of the disease. It was unclear to this reviewer what the advantage of monitoring MS patients via this method has, because it would not be a way to diagnose the disease, and the importance of monitoring the progression of the disease was not clearly presented.

Major criticisms:
In the introduction, please indicate what tests are done for the expanded disability status scale (EDSS).
In the methods, please describe how the correlation between optic nerve thickness was compared to EDSS score.
It was indicated that the patients did not know what group they were in. Did they not know if they had MS? How was this achieved?

In the results section, in the first sentence, does that mean EDSS score refer to patients in the MS group or all patients? If it refers to the MS group, what was the mean score for the control group?

For table 1, please change “gender (female, %)” to “female participants (%).” Does the p-value shown (which is typically presented after, or to the right of, the data) indicate that there was no significant difference in gender composition of the two groups? In the next line, the p-value suggests that there is a significant difference in age of the two groups, which could very likely affect the data obtained for the two groups. In this case, the control group was significantly older and yet, had higher optic nerve fiber thickness, which makes the study valid, perhaps. The authors should address this issue within the manuscript. Wasn’t an EDSS score obtained for control group participants? It would be required to determine if the correlation for OCT and EDSS data is significant. Please present the data in table 1.

For table 2, please consider presenting the data as mean ± std dev – rather than having separate columns for each. Also, it is confusing to indicate that the data are RNFL of inner and outer retina. I do not believe that RNFL is found in the outer retina. A different title for the table would help make this clearer.

I do not understand the data presented in table 3 and therefore cannot determine whether the conclusions are valid. Wouldn’t graphs showing data points with a trendline better demonstrate correlation? Is the value shown the R2 value?

In table 4, to what do R1, R2, L1, L2, etc. refer? Was thickness measured in 12 places in all patients? If yes, then statistically significant differences were not observed in all places. Please explain. What do the green and orange highlights within the table indicate?

In the discussion, you are correct – if there is no statistical significance, then it can be considered coincidence.

Minor criticisms:

As scientists, we do not prove anything. The data you obtain may support your hypothesis, but will not prove it. Please reword the discussion to better demonstrate this.

Please consider constructing paragraphs that contain a topic sentence and supporting sentences.

Reply to reviewer 2:

1. Tests for EDSS score were added.
2. EDSS score and OCT were done the same day, to ensure correlation. This data was added to the text.
3. The reviewer is obviously correct. The double-blind was referring to the statistical analysis and OCT technician. This was clarified in the text.
4. EDSS score for the control group was added.
5. Gender was changed in table 1. p-value was moved to the right. The reviewer is correct in that the age in the control group was higher. We have added a sentence addressing it in the discussion.
6. Table 2 was changed after the kind offers. The title was changed as well.
7. The value shown is R2. We agree with this kind remark, but unfortunately our analysis was unable to provide such a graph.
8. Thickness was measured in 12 points. The reviewer is correct that not all points were statistically significant, but together the data was significant. Green ad orange highlights were
explained in the text.

Minor criticisms:
1. We of course agree with this remark and changed the discussion following it.
2. We agree with the reviewer. Nevertheless, since English is not our native tongue, we have used the services of an editor. those were the suggestions made by the editor.

I would like to thank again, in behalf of all the authors, for the kind and teaching remarks.