Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I was asked to review the paper entitled "Liver stiffness in pregnant women with intrahepatic cholestasis of pregnancy: a case control study". It is a well designed prospective study, well written, including a large cohort of pregnant women, offering very interesting new data regarding the early, non-invasive diagnostic of intrahepatic cholestasis in pregnancy. I only have minor comments: 1.Methods: Liver Stiffness and controlled attenuation parameter (CAP). Which were the criteria upon steatosis severity was graded 2. minor English language polishing is needed

PEER-REVIEW REPORT

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The aim of this case-control study was to assess the value of "liver stiffness in pregnant women with intrahepatic cholestasis of pregnancy". However, in the introduction and discussion, unrelated topics are introduced and discussed in details distracting the attention of the reader. The control group, that was taken from a previous published study, is not matched for gestational age, and this may have led to an overestimation of the value of liver stiffness in ICP. In fact, as reported in the results, "When performing ROC analysis only for women (control vs ICP) in the 3rd trimester, AUROC for LS decreased to 0.65 (0.58-0.72, P=0.033) with a cutoff value of 6.5 kPa". This AUROC value clearly indicates that liver stiffness assessment has little value in this setting. Introduction The introduction is lengthy and not related to the specific aims of the study. Be aware that this is an original article and not a review. Therefore, it must be shortened considering that this section is the background of the study.   The statement that TE has a "10 times lower sampling error compared to the biopsy" is not sound and must be deleted. Results The control group must be a matched group, therefore only pregnant women in third trimester must be included.   Discussion This section is lengthy and

unfocused. The lengthy discussion about genetic factors is out of context: this study didn't explore genetic factors. Both the title and the aims of this study indicate that stiffness, by means of TE, is the parameter being explored. Please discuss the results and not unrelated findings. Otherwise, change the title and the aims of the study also using a different methodology for a different purpose. Tables A reference must be given for the CAP cutoff of 230 dB/m. To the best of my knowledge, recent studies have reported that the cutoff of CAP for diagnosing NAFLD is around 290 dB/m (Petroff D et al. Assessment of hepatic steatosis by controlled attenuation parameter using the M and XL probes: an individual patient data meta-analysis. Lancet Gastroenterol Hepatol 2021; Eddowes PJ et al. Accuracy of fibroscan controlled attenuation parameter and liver stiffness measurement in assessing steatosis and fibrosis in patients with nonalcoholic fatty liver disease. Gastroenterology 2019).