Discussion line 51: "Cadaver CT scans are inferior because they do not demonstrate living anatomy". This is not true with respect to acquire factual anatomical knowledge. Please rephrase. "For example, bowel obstruction is diagnosed based on the pattern of gas in the small and large bowel and a CT scan of a cadaver would not be able to display". I do not agree; the aim of teaching anatomy is first to teach "normal" non-pathological anatomy, before stepping into clinical pathological anatomy.
We agree with this observation that the goal of teaching anatomy is to show normal anatomical structures and have clarified our point regarding living anatomy in the Discussion as follows:

“Cadaver CT scans are may be inferior for teaching anatomy because the do not demonstrate living anatomy, which is essential for physicians to understand. For example, it is important to be able to recognize a normal bowel gas pattern on radiological studies in order to diagnose certain diseases, such as bowel obstruction. Students would not be able to learn the normal bowel gas pattern on a cadaver CT scan because the scan is of a deceased individual [20]. One of the strengths of virtual dissection using patient CT scans, is that the scan captures living physiology and anatomy, such as normally aerated aerodigestive tract.”

Page 13: Line 31-36: your conclusion is not supported by your findings. Remember that a survey cannot replace exam scores when assessing the efficacy of an educational method.

We have re-written this section as follows:

“Our study demonstrates one way in which virtual and cadaveric dissection can be combined so that students perceive the integrated experience as valuable to their learning. We found that most respondents felt that the Virtual Dissection Labs enhanced their perceived understanding of cadaveric anatomy. These results may indicate that despite the growing use of educational technology and radiology in medical anatomy education, there appears to still be an important
role for cadaveric dissection [27]... Further research is required to determine if the perceived value of this integrated approach results in a significant change in anatomy knowledge.”

Additionally, you need to include in the limitations that this is a cohort study; no comparative group was used for testing students perception. More, 78% and 73% are good rates but nor very good, you should comment more on these numbers; these are your findings.

These additional limitations have been included in the Discussion as follows:

- In paragraph 8: “Unfortunately, no comparative group was used for testing students’ perception.”

- In paragraph 4: “However, there were still comments from students that they would have liked to have more exposure to virtual dissection during this time, which may account for why only 73.8% of students felt that the VDT was an effective use of laboratory time.”

Most of the discussion is based on the feasibility; more emphasis is needed on its suitability to enhance anatomy knowledge. You need to check the meta-analysis of Yammine and Violato for the effectiveness of 3D techniques in teaching anatomy, and include it in the intro and discussion.
We have added this paper to the Introduction (paragraph 3) and the Discussion (paragraph 2) sections to further support the use of virtual dissection to enhance anatomy knowledge. Thank you for this excellent recommendation.

Was there any differences between anatomical regions?

This is an interesting question but was unfortunately beyond the scope to this pilot study. Further research is needed to better understand how virtual dissection with 3D CT scans compliments cadaver dissection.

Reviewer 2

The methods do not state the name of the device and I think that is important.

We have added this to the Methods section (paragraph 1).