## SCID Diagnosis

Early diagnosis and treatment for SCID is necessary for improving a child's chances of survival. If a child is diagnosed and treated within the first few months of life before a serious infection develops, then the long-term survival rate is more than 90%. With early treatment, most children with SCID should be able to develop their own working immune system. The best course of treatment for a child with SCID depends on several factors including the type of SCID and the child’s health.

## Treatments Options by Type

**Hematopoietic Stem Cell Transplant (HSCT)** is the standard treatment for all types of SCID. In HSCT, donor stem cells are introduced into the child and develop an immune system.

**Enzyme Replacement Therapy** is a temporary treatment that is used to treat ADA-SCID.

**Gene therapy** is an alternative treatment in clinical trials available only for X-linked SCID, ADA-SCID, and Artemis SCID. Gene therapy uses a child's own corrected stem cells to build an immune system.

### SCID Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>X-linked</td>
<td>ADA-SCID, Artemis SCID (aka SCID A or DCLRE1C), RAG-1 and RAG2, IL7R deficiency, CD3 complex, Component Deficiency, CD45 deficiency, Cernunnos-XLF Deficiency, Coronin-1A deficiency, DNA ligase 4 deficiency, DNA-PKcs deficiency, JAK3 deficiency, LAT deficiency, Reticular dysgenesis, Leaky SCID, Omenn Syndrome</td>
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