The patient characteristics, outcomes, and treatment differences between HF-CS due to ischemic (ICM) and non-ischemic cardiomyopathy (NICM) are incompletely explored.

**RESULTS**

- **Odds of Invasive Hemodynamic Monitoring:**
  - NICM (n=1152) vs. ICM (n=692)
    - Central Venous Pressure (mmHg): P=0.001
    - Pulmonary Artery Systolic Pressure (mmHg): P=0.023
    - Diastolic Pressure (mmHg): P<0.001
    - Mean Pulmonary Artery Pressure (mmHg): P<0.001
    - Pulmonary Artery Wedge Pressure (mmHg): P<0.001
    - Pulmonary Artery Pulsatility Index: P<0.001
    - Cardiac Index (L/min/m²): P=0.001

- **Mechanical Ventilation:**
  - NICM (n=1152) vs. ICM (n=692)
    - NICM (n=112, 9.5%)
    - ICM (n=30, 4.3%)
    - P<0.001

- **Renal Replacement Therapy:**
  - NICM (n=1152) vs. ICM (n=692)
    - NICM (n=60, 5.2%)
    - ICM (n=20, 2.9%)
    - P<0.001

**CONCLUSIONS**

- Patients with NICM were older, had higher rates of Chronic Kidney Disease, and were more likely to present with cardiac arrest prior to admission.
- In-hospital treatments including temporary MCS and inotrope infusions were similar between groups.
- Despite slightly lower cardiac indices and worse RV parameters for NICM HF-CS, patients with NICM HF-CS have a significantly higher risk of in-hospital death.
- This difference appears partly explained by greater use of destination therapies in patients with NICM HF-CS.

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