**Table 3. Gaps in evidence**

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| Domain | Gaps in evidence |
| Definition | Pathophysiology is not clarifiedDefinition is not unique |
| Classification | AMI patients at risk for CSRecognition of early stages (pre-shock states)Whether transitions to higher or lower grade stages of CS change the prognosis Phenotyping CS patients will improve decision-making algorithms  |
| Prognosis | Risk stratification in nonACS CS populationsProspective validation and impact studies for contemporary risk scoresThe incremental value of proteonomics in risk stratification  |
| Monitoring | Which markers shall we follow for optimal monitoring?PAC, Echo, Lactate?Define markers for specific organ dysfunction, if prognostic |
| Medical Management | Patient selection for inotropes/vasopressorsDose, up-titration and combination of vasopressors and inotropesHow and when to wean the patients from inotropes/vasopressorsNovel therapiesThe role of proteonomics for individualized targeted interventions |
| MCSs | Patient selection for MCSThe type and timing of MCSs implant by CS etiologyThe timing of mechanical LV unloading relative to coronary reperfusion in ACS-CSHow and when to wean the patients Optimal approach to prevent and manage potential MCS-related complications: New devices with less complications  |
| Systems of care | Which is the safer trajectory of a CS patient?Network between CS centersThe link between hospitalization and rehabilitation/palliation |