Figure S1. UK021 patient lung tissues are more fibrotic with more abundance of resident macrophages than UK049 patient lung tissues. Hematoxylin and eosin (H&E) staining (400x magnification) of the freshly preserved lung tissues indicated that both NC and CA lung tissues of UK021 patient (**A**) had a higher abundance of resident macrophages that those of UK049 patient (**B**). The same trend was evident for the Gomori staining of the two sets of lung tissues for collagen (blue, 200x magnification), i.e. UK021 lung is more fibrotic than UK049 lung. This is consistent with the diagnosis of UK021 patient with COPD but not for UK049 patient.

Figure S2. β-**Glucan enhances UK021 but suppresses UK049 CA lung tissue slices in releasing** ¹³C₃-**lactate into the medium.** The preparation, treatment and processing of lung tissue slices were as described in **Figures 2** and **3**. Media were sampled at 0, 9 or 11 h, and 24 h during the WGP treatment in the presence of ¹³C₆-glucose, followed by deproteination and ¹H NMR analysis, as described in **Methods**. UK021 CA tissue slice released more but the UK049 counterpart released less ¹³C₃-lactate into the medium in a time-dependent manner. Since extracellular ¹³C₃-lactate represents the majority of the glycolytically produced lactate from the glucose tracer (cf. **Fig. 2** or **3** for pathway), the medium data indicated enhanced glycolysis in UK021 CA tissue slices but blocked glycolysis in UK049 tissue slices in response to WGP. The NC tissue slices for both patients displayed a decrease in the release of ¹³C₃-lactate into the medium, i.e. decreased glycolytic activity.

Figure S3. NMR analysis shows buildup of ¹³C labeled metabolites of glycolysis, Krebs cycle, PPP and/or nucleotide synthesis, as well as glycogen in UK021 CA versus NC tissue slices. Slice preparation, treatment, processing, and extraction were as described in Figure 2. The polar extracts were analyzed by 1D ¹³C-edited HSQC NMR for ¹³C abundance of various metabolites at specific atomic positions, as described in **Methods**. Both control and WGP-treated spectra were normalized to the corresponding tissue wet weight for direct comparison. We observed increased ¹³C abundance for ¹³C-3-lactate/¹³C-2-lactate/¹³C-3-Ala (from glycolysis), ¹³C-3 and 4-Glu/¹³C-2,3-succinate (from Krebs cycle), ¹³C-G1-glycogen (¹³C label at C1 of the glucosyl unit of glycogen, from glycogen synthesis), ¹³C-4-Glu-GSH+GSSG (¹³C label at C4 of the glutamyl unit of reduced and oxidized glutathiones, from glutathione synthesis), and ¹³C-1'-AXP (¹³C label at C1' of the ribosyl unit of adenine nucleotides, from PPP and/or nucleotide synthesis) for the CA tissue slice in response to WGP treatment. These data are consistent with the IC-FTMS data in **Figures 2** and **4**. Decreased ¹³C abundance of the parent glucose tracer (e.g. ¹³C-1- α and β glucose) was also evident.

Figure S4. NMR analysis reveals depletion of ¹³C labeled metabolites of glycolysis, Krebs cycle, PPP and/or nucleotide synthesis, as well as glycogen in UK049 CA versus NC tissue slices. Slice preparation, treatment, processing, and extraction were as described in Figure 3. 1D ¹³C-edited HSQC NMR analysis was performed as in Figure S3. Except for glucose, the ¹³C abundance of all other metabolites in Figure S3 showed no or opposite response to WGP in UK049 CA tissue slices, which is consistent with the IC-FTMS data in Figures 3 and 5.

Figure S5. NMR analysis shows that metabolic reprogramming in *ex vivo* **tumors of UK021 recapitulates that in NSCLC tumors** *in vivo***.** Slice preparation, treatment, processing, and extraction were as described in **Figure 2**. 1D ¹³C-edited HSQC NMR analysis was performed as in **Figure S3**. Increased ¹³C abundance of ¹³C-3-lactate/¹³C-2-lactate/¹³C-3-Ala, ¹³C-4-Glu/¹³C-3-acetate (surrogate for acetyl CoA), and ¹³C-1'-AXP with decreased ¹³C abundance of ¹³C-G1-glycogen were evident in CA versus NC tissue slices under control treatment. These *ex vivo* metabolic distinctions between CA and NC tissues recapitulate the enhanced glycolysis, Krebs cycle, PPP and/or nucleotide synthesis observed *in vivo* in NSCLC tumors (Sellers et al. 2015).

Figure S6. NMR analysis shows that metabolic reprogramming in *ex vivo* tumors of **UK049 recapitulates that in NSCLC tumors** *in vivo*. Slice preparation, treatment, processing, and extraction were as described in **Figure 3**. 1D ¹³C-edited HSQC NMR analysis was performed as in **Figure S3**. Except for an increase in ¹³C abundance of ¹³C-G1-glycogen, the ¹³C-metabolic differences between the CA and NC tissue slices of UK049 had the same trend as those of UK021 (**Figure S5**), which again recapitulate the enhanced glycolysis, Krebs cycle, PPP and/or nucleotide synthesis observed *in vivo* in NSCLC tumors (Sellers et al. 2015).

Figure S7. UK021 lung tissues maintain a higher number of macrophages than UK049 lung tissues after β -Glucan treatment. WGP treatment, tissue preservation, and immunohistochemical analysis are as in Figure 7. Representative merged fluorescence images for CD68 and DAPI (600x magnification) are displayed in **A** for UK021 and **B** for UK049 lung tissues after 24 hr of control and WGP treatments. Both NC and CA lung tissue slices of UK021 were more abundant in CD68⁺ cells than their counterparts of UK049.

Fig. S1

UK049 **UK021** Α NC H&E macrophage CA H&E NC H&E CA H&E Β **NC Gomori CA Gomori** NC Gomori CA Gomori







Fig. S5





Fig. S7

A UK021

NC-Ctl-CD68



CA-Ctl-CD68



NC-WGP-CD68 CA-WGP-CD68



B UK049

NC-Ctl-CD68



CA-Ctl-CD68



NC-WGP-CD68 CA-WGP-CD68



