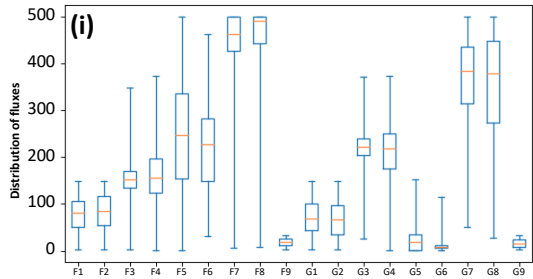
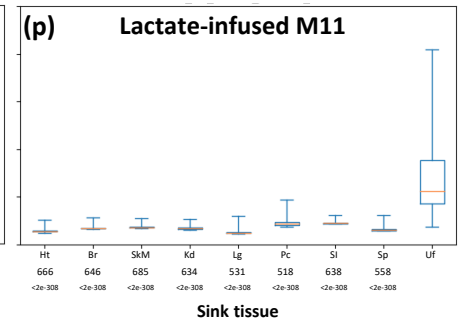
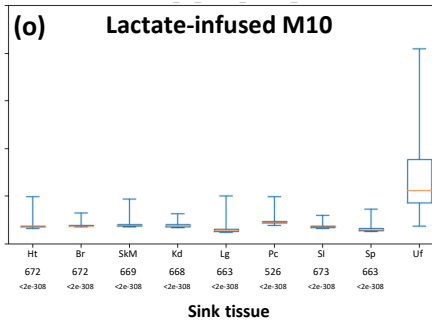
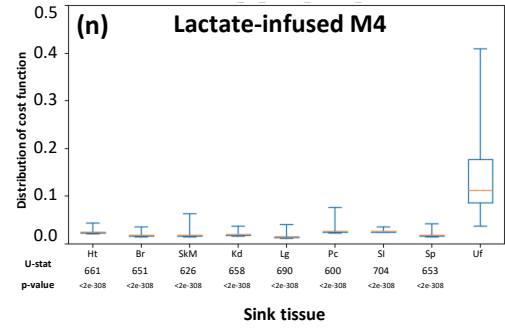
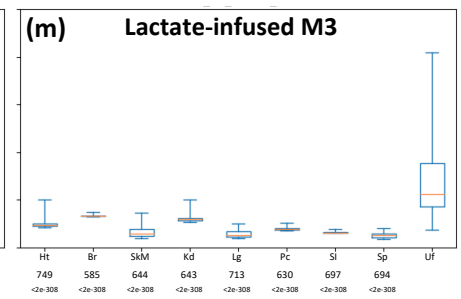
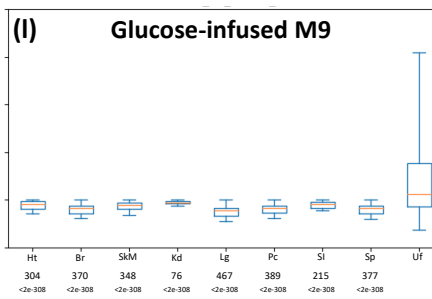
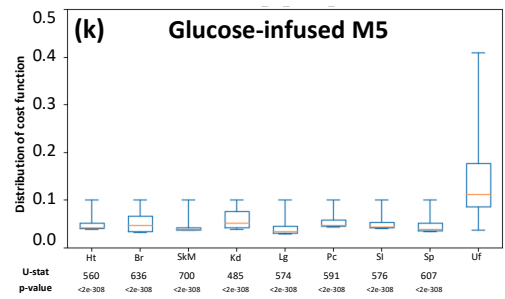
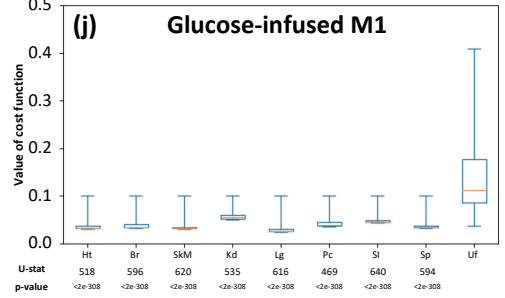


**Source tissue: Liver. Sink tissue: Heart.
Mouse: Glucose-infused M1**



Source tissue: Liver



Sink tissue

Sink tissue

Sink tissue

Figure S1. Detailed information of model fitting. Related to Figure 1.

(a-h) Comparison of experimental and predicted MID in the model. Average values of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. In most cases, the experimental MID is captured by this model. Because of the low abundance of labeled isotopomers, only isotopomers with more than one ^{13}C are displayed. **(i)** Distribution of 18 variable fluxes in all feasible solutions. Source tissue is liver and sink tissue is heart. **(j-p)** Distribution of cost functions of feasible solutions fitted with different sink tissue and data from different mice, compared with unfitted control data. Source tissue in all fittings is liver. U-statistics of rank-sum test and p-values are displayed. In all subfigures, fits are based on mice from the low-infusion data in Hui et al, 2017, and source tissue is liver. Specifically, subfigures **(a-h)** and **(i)** are fitted with glucose-infused mouse M1. The sink tissue in **(i)** is heart. In all box plots, boxes represent quantiles and whiskers represent extremes. Ht: heart, Br: brain, SkM: skeletal muscle, Kd: kidney, Lg: lung, Pc: pancreas, SI: small intestine, Sp: spleen, Uf: data from random unfitted control.

Source tissue: Liver.

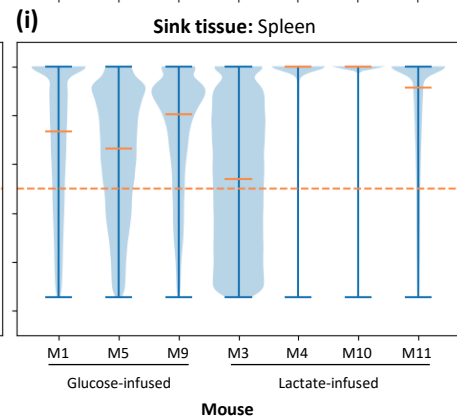
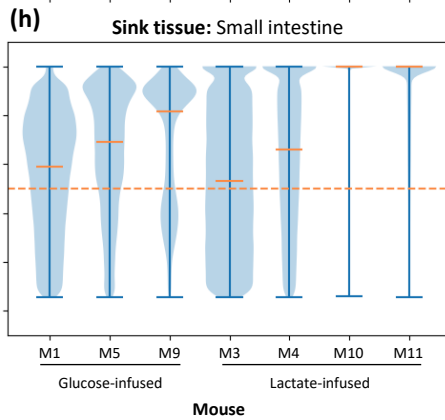
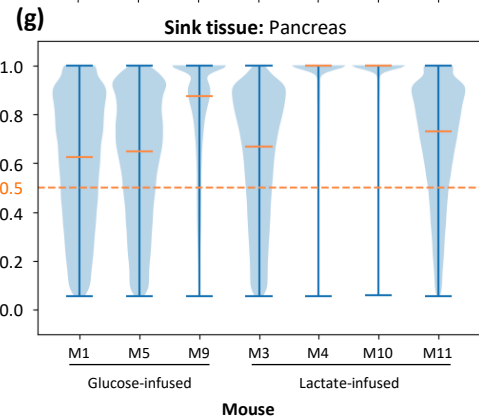
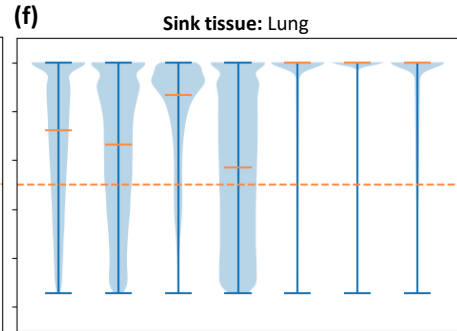
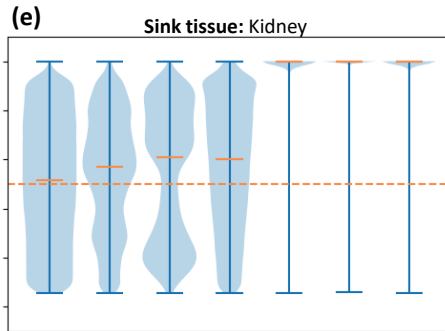
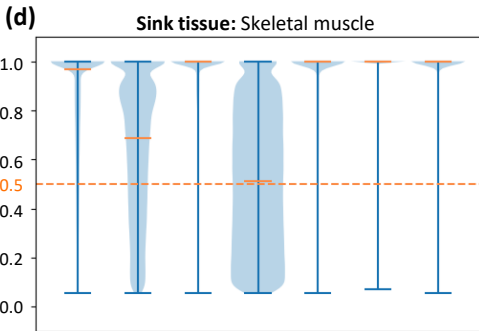
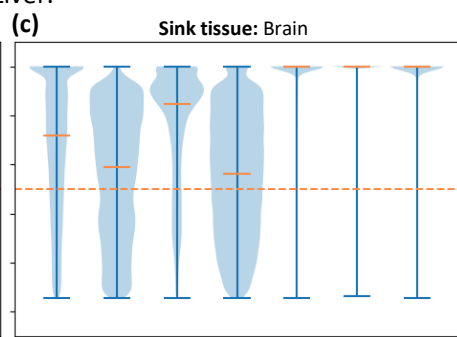
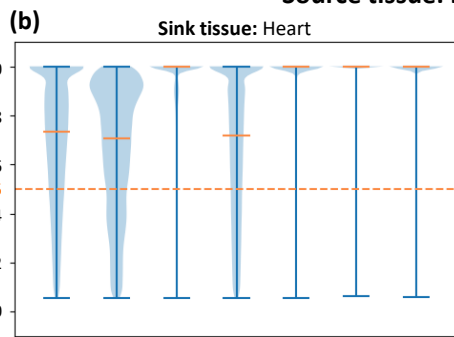
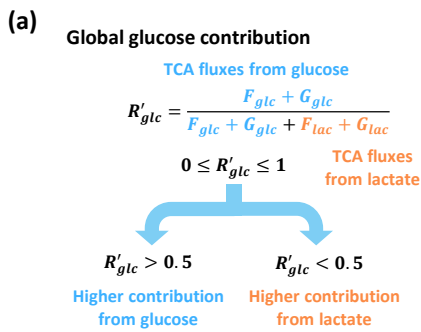
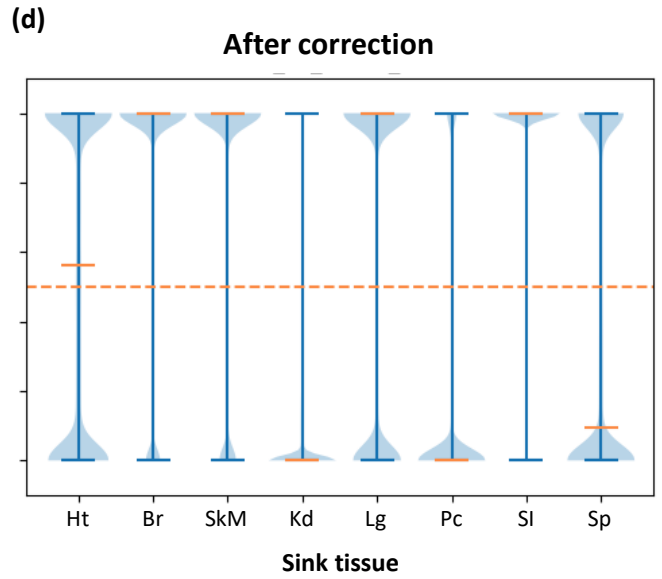
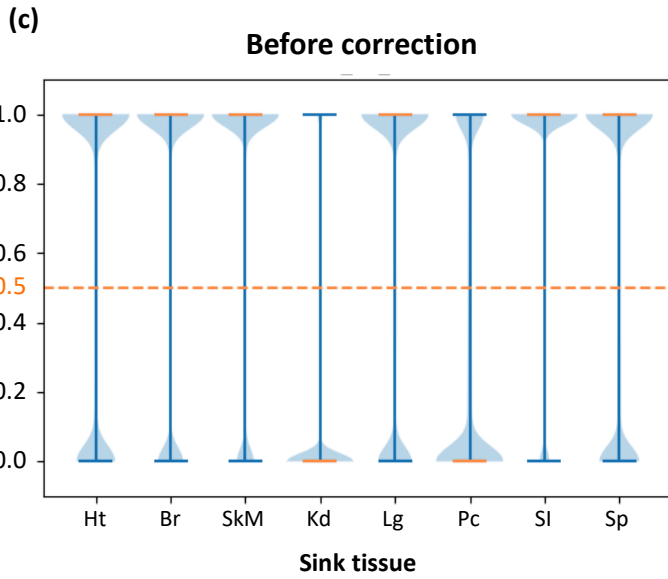
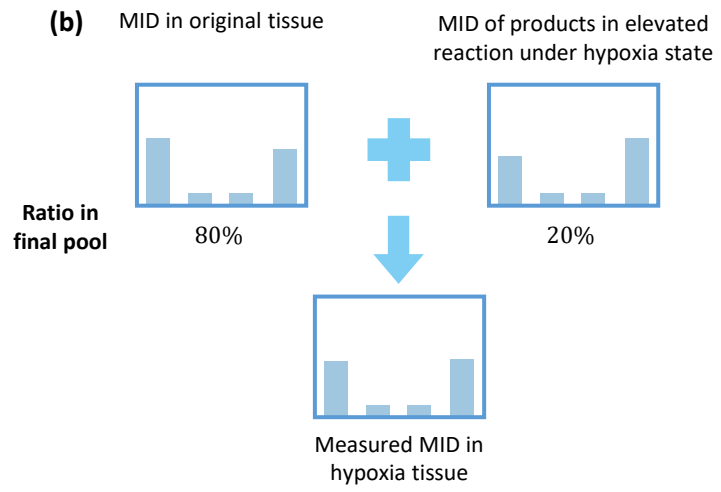
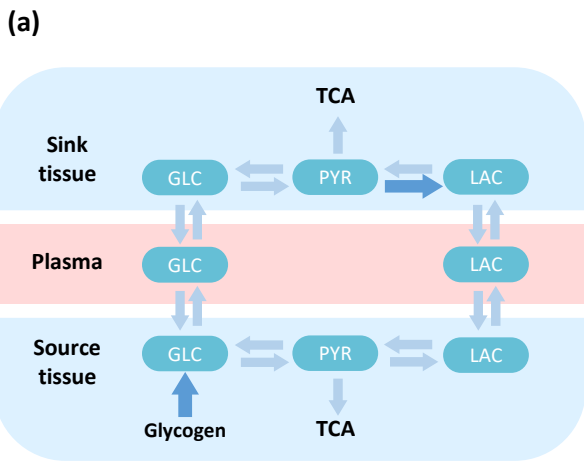


Figure S2. The global contribution ratio from circulating glucose to the TCA cycle. Related to Figure 2.

(a) Definition of global glucose contribution ratio in complete model R'_{glc} . The global contribution R'_{glc} is defined as the relative ratio of glucose contribution flux to total contribution flux in sink and source tissue. Similar with R_{glc} , this contribution is also a scalar between 0 and 1. Higher R'_{glc} represents an increasing glucose contribution to the TCA cycle. **(b-i)** Distribution of glucose contribution in complete model based on the model with different sink tissues. For each sink tissue, the source tissue is liver and contribution ratio is calculated from data in 7 different mice. Similar with results with R_{glc} , for most kinds of sink tissue, the median of global glucose contribution R'_{glc} is close to or higher than 0.5 in most mice, which means glucose contributes more than lactate to the TCA cycle in complete model. The orange dash line represents 0.5 threshold. Data set is from glucose-infused mice (M1, M5, M9) and lactate-infused mice (M3, M4, M10, M11) in Hui et al, Nature 2017.



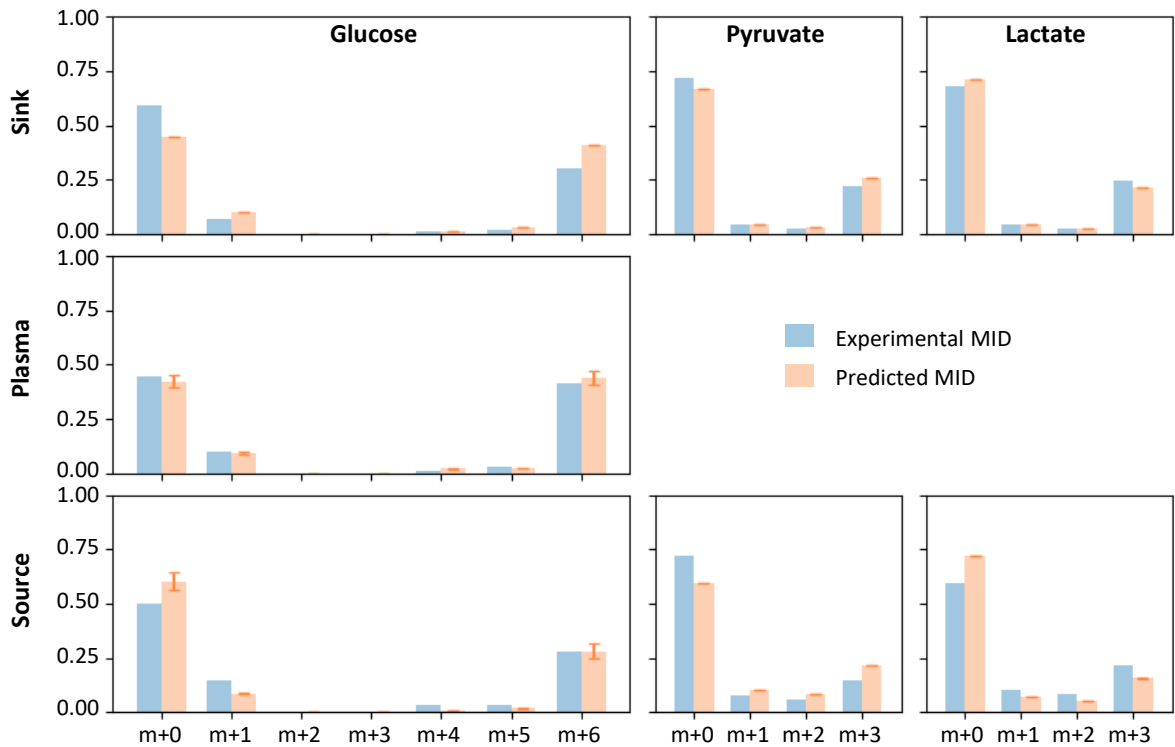
Source tissue:
Mouse:

Liver
Glucose-infused M1

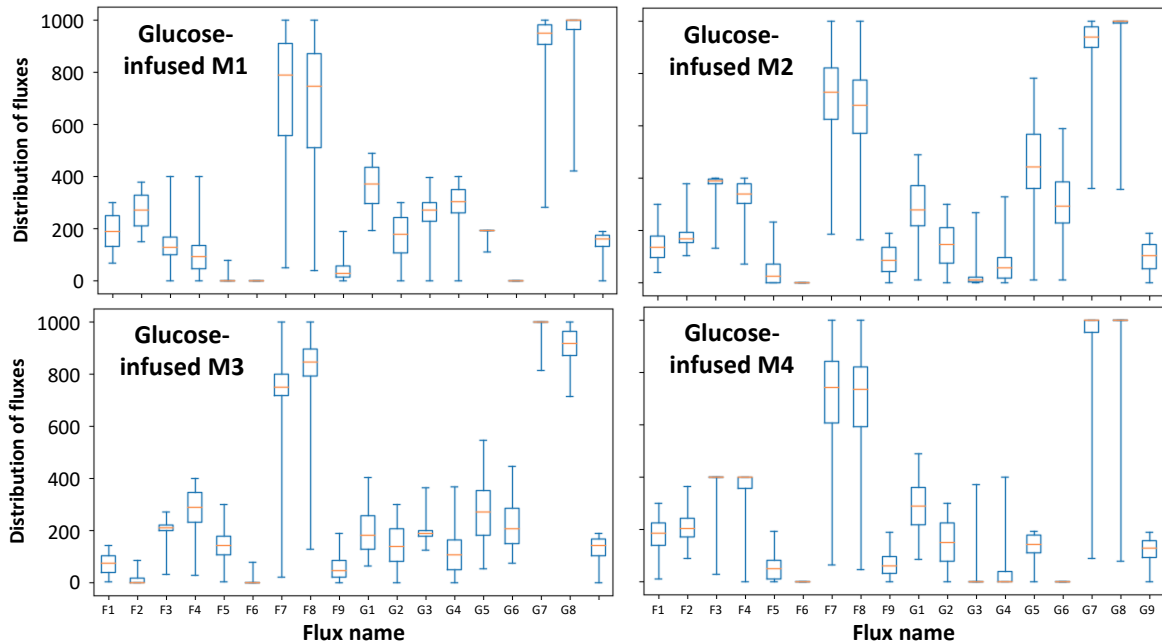
Figure S3. Distribution of local glucose contribution under hypoxia correction. Related to Figure 3.

(a) Two possible elevated fluxes under hypoxia. **(b)** Final measured MID is regarded as mixture of MIDs from real metabolite and products in elevated reaction under hypoxia state. **(c-d)** Distribution of local glucose contribution before **(c)** or after **(d)** correction. Model is fitted with data from mouse M1 in data from Hui et al Nature 2017. Sink tissue is liver. Ht: heart, Br: brain, SkM: skeletal muscle, Kd: kidney, Lg: lung, Pc: pancreas, SI: small intestine, Sp: spleen.

(a) Source tissue: Liver. Sink tissue: Skeletal muscle. Data: High-infusion data. Mouse: Glucose-infused M1.



(b) Source tissue: Liver. Sink tissue: Skeletal muscle. Data: High-infusion data.



(c) Global glucose contribution

$$R'_{glc} = \frac{F_{glc} + G_{glc}}{F_{glc} + G_{glc} + F_{lac} + G_{lac}}$$

TCA fluxes from glucose
TCA fluxes from lactate

Source tissue: Liver
 Sink tissue: Skeletal muscle
 Data: High-infusion data

(d)

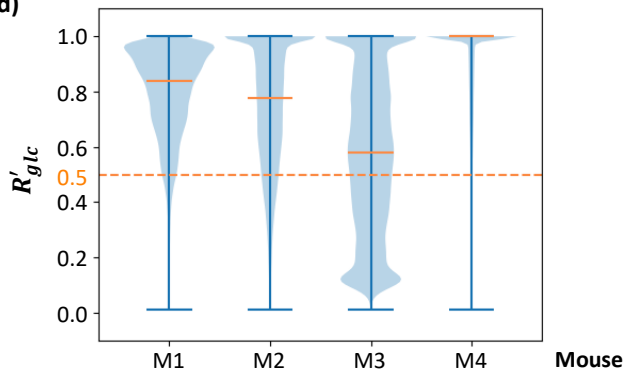
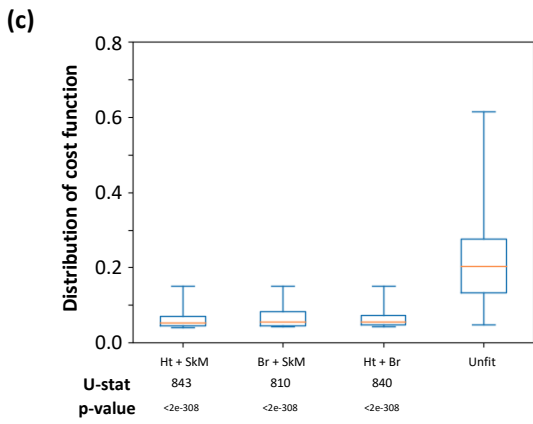
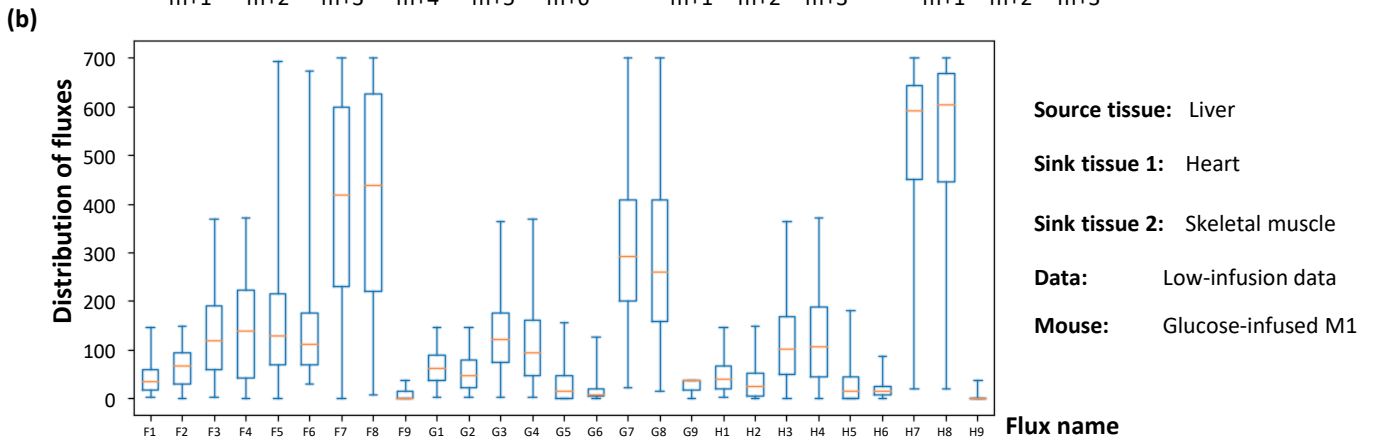
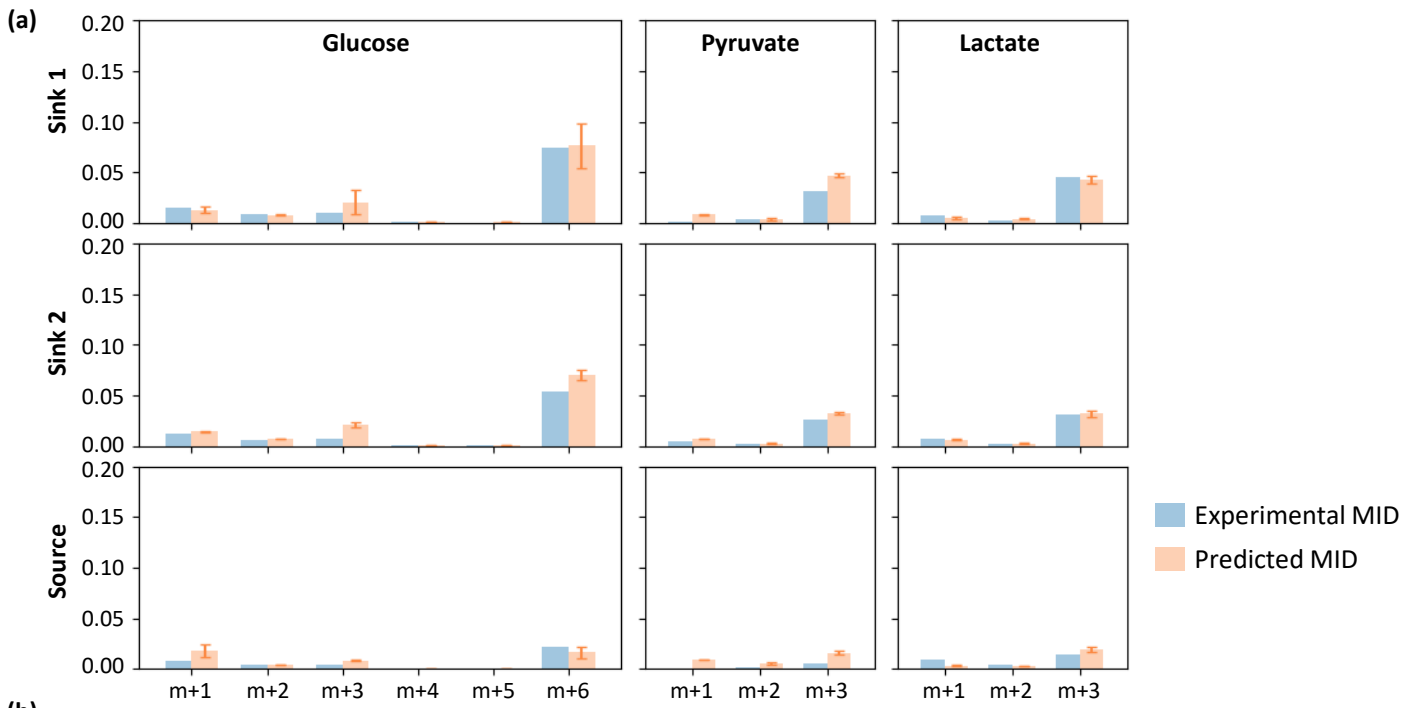


Figure S4. Detailed information for the high-infusion system. Related to Figure 4.

(a) Comparison of experimental and predicted MID in the model. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. Experimental MID could be well predicted by this model. Notably, the ratio of high ^{13}C isotopomer is significantly higher than that of the original system. **(b)** Distribution of 18 variable fluxes in all feasible solutions. **(c)** Definition of global glucose contribution in complete model R'_{glc} . The global glucose contribution R'_{glc} is defined as the relative ratio of glucose contribution flux to total contribution flux in sink and source tissue. **(d)** Similar with results with local contribution R_{glc} , distribution of global glucose contribution in complete model R'_{glc} shows glucose contributes more than lactate to the TCA cycle in all mice. Fittings from different mice are displayed.

In all subfigures, the fitting is based on different glucose-infused mice from the high-infusion data. Source tissue is liver and sink tissue is skeletal muscle. Specifically, subfigure **(a)** is based on data from glucose-infused mouse M1. In all box plots, boxes represent quantiles and whiskers represent extremes.



(d)

Global glucose contribution

$$R'_{glc} = \frac{\text{TCA fluxes from glucose}}{\text{TCA fluxes from glucose} + \text{TCA fluxes from lactate}}$$

$$R'_{glc} = \frac{F_{glc} + G_{glc} + H_{glc}}{F_{glc} + G_{glc} + H_{glc} + F_{lac} + G_{lac} + H_{lac}}$$

TCA fluxes from glucose
TCA fluxes from lactate

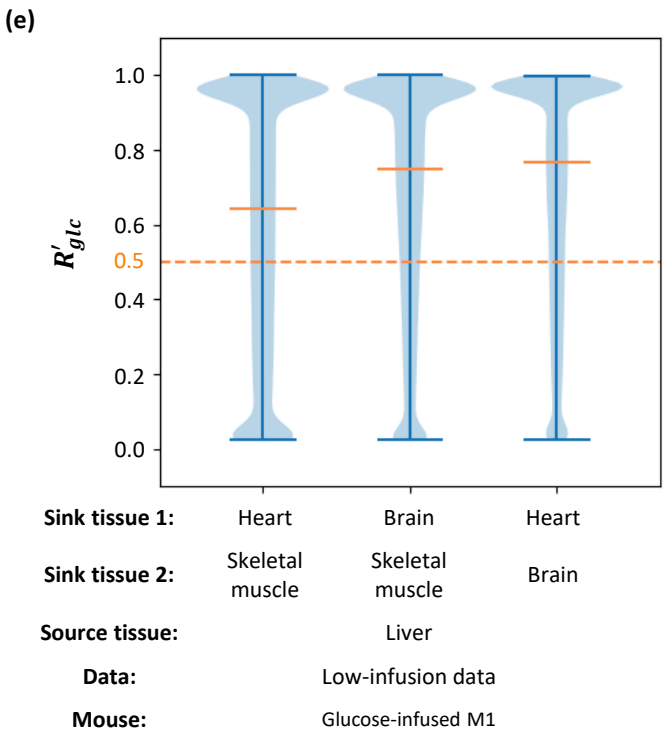
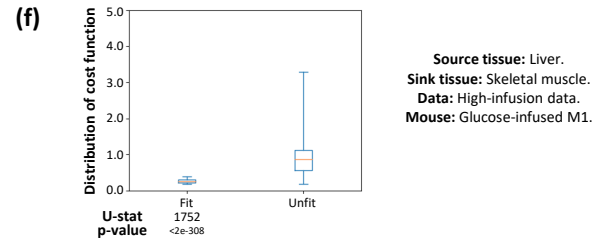
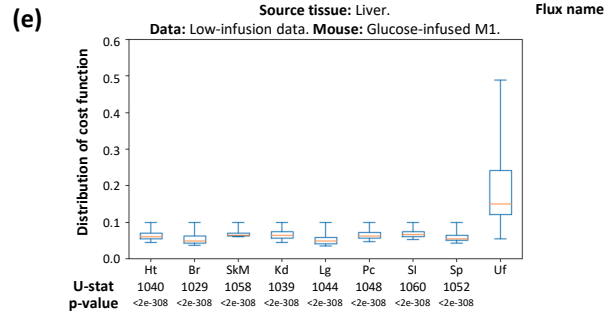
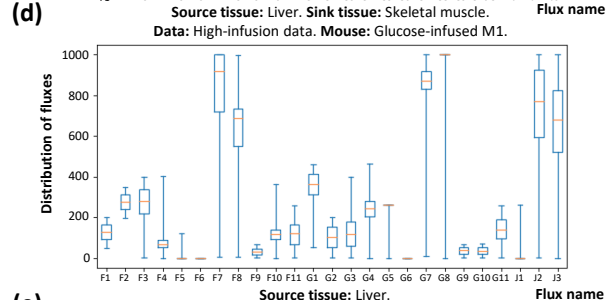
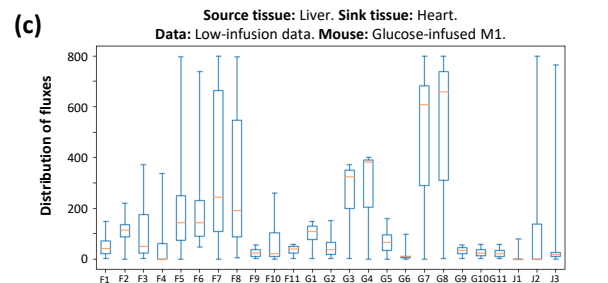
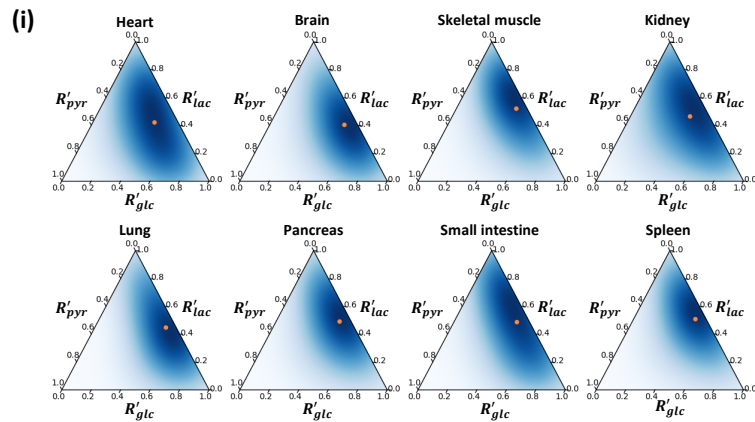
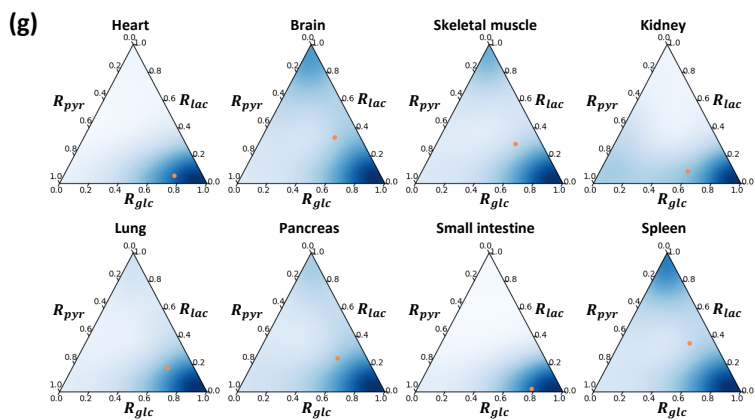
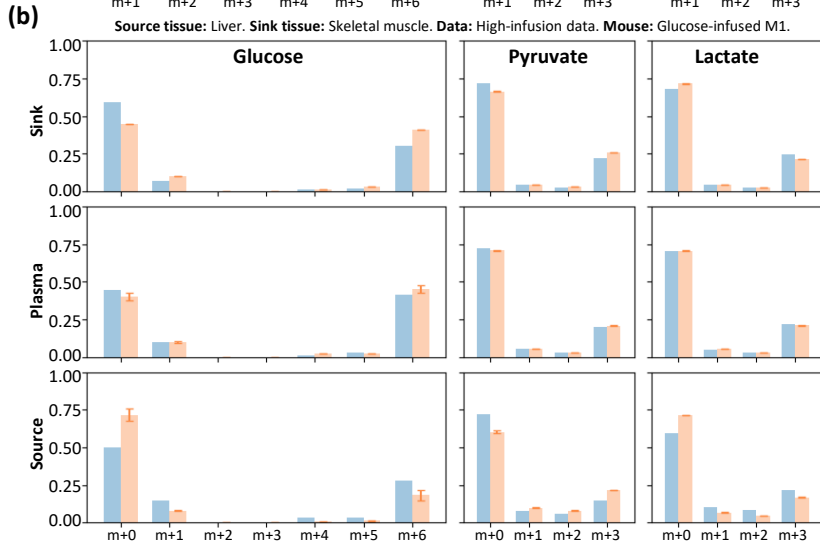
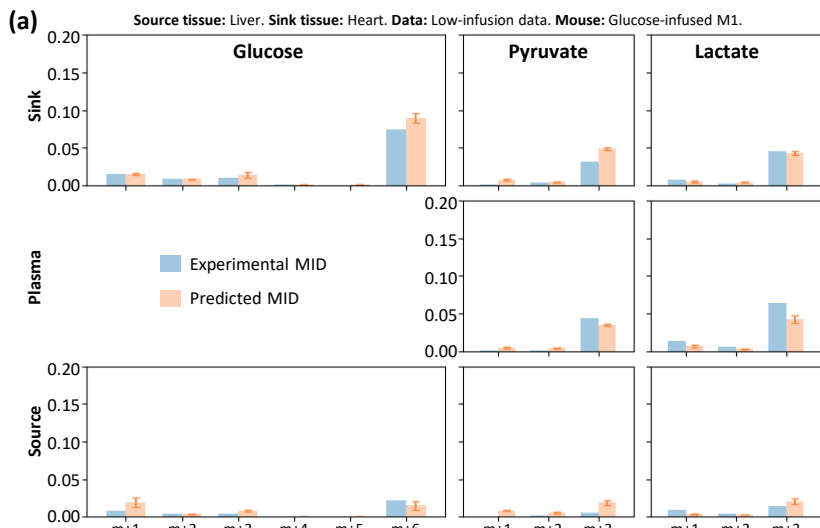


Figure S5. Detailed information of the multi-tissue model. Related to Figure 5.

(a) Comparison of experimental and predicted MID in the model. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. Experimental MID could be well predicted by this model. Because of the low abundance, only isotopomers with more than one ^{13}C are displayed. **(b)** Distribution of 27 variable fluxes in all feasible solutions. **(c)** Distribution of cost functions of feasible solutions compared with that from unfitted control. U-statistics of rank-sum test and p-values are displayed. **(d)** Definition of global glucose contribution in complete model R'_{glc} . This global contribution R'_{glc} is defined as the relative ratio of glucose contribution flux to total contribution flux in all three kinds of tissue. **(e)** Similar with results with local contribution R_{glc} , distribution of global glucose contribution in complete model R'_{glc} shows glucose contributes more than lactate to the TCA cycle in all combinations of sink tissue. In all subfigures, the model is fitted with glucose-infused mouse M1 from the low-infusion data in Hui et al, 2017. The source tissue is liver and the sink tissue 1 and 2 are two from heart, brain and skeletal muscle respectively. In all box plots, boxes represent quantiles and whiskers represent extremes.



(h)

Global glucose contribution

$$R'_{glc} = \frac{F_{glc} + G_{glc}}{F_{glc} + G_{glc} + F_{lac} + G_{lac} + F_{pyr} + G_{pyr}}$$

Global lactate contribution

$$R'_{lac} = \frac{F_{lac} + G_{lac}}{F_{glc} + G_{glc} + F_{lac} + G_{lac} + F_{pyr} + G_{pyr}}$$

Global pyruvate contribution

$$R'_{pyr} = \frac{F_{pyr} + G_{pyr}}{F_{glc} + G_{glc} + F_{lac} + G_{lac} + F_{pyr} + G_{pyr}}$$

TCA fluxes from glucose
TCA fluxes from lactate
TCA fluxes from circulating pyruvate

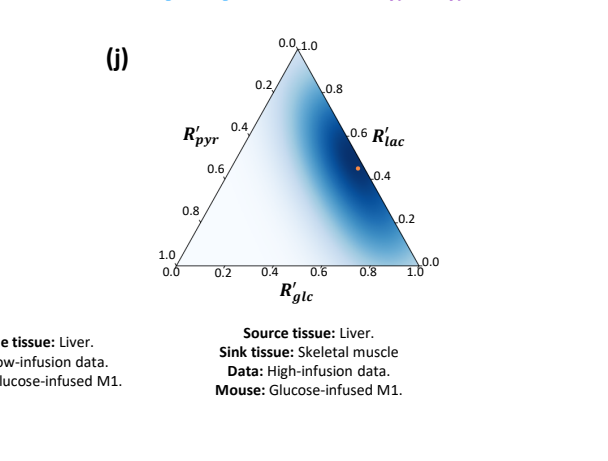


Figure S6. Detailed information of the model with multiple circulating metabolites. Related to Figure 6.

(a, b) Comparison of experimental and predicted MID in the model fitted with the low-infusion data **(a)** or the high-infusion data **(b)**. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. Experimental MID could be well predicted by this model. **(c, d)** Distribution of 25 variable fluxes in all feasible solutions fitted with the low-infusion data **(c)** or the high-infusion data **(d)**. **(e, f)** Distribution of cost functions of feasible solutions compared with that from random unfitted control, fitted with the low-infusion data **(e)** or the high-infusion data **(f)**. U-statistics of rank-sum test and p-values are displayed. **(g)** Local contributions to the TCA cycle when additional nutrients are considered. For most sink tissues, glucose contributes to the TCA cycle more than lactate and pyruvate, especially in heart, kidney, lung, and small intestine. The orange point indicates average level. **(h)** Definition of global contribution from metabolites in complete model R'_{glc} , R'_{lac} and R'_{pyr} . The three global contribution ratios R'_{glc} , R'_{lac} and R'_{pyr} are defined by the relative ratio of the contribution flux from each metabolite to total contribution flux of all three metabolites in sink and source tissue. **(i)** Ternary plot to display distribution of three contributions R'_{glc} , R'_{lac} and R'_{pyr} . The orange point indicates average level. **(j)** Analysis and results as in **(i)** but for additional high-infusion system of different animal strain, different diet and different infusion protocol.

Subfigure **(a)**, **(c)**, **(e)**, **(g)** and **(i)** are fitted with glucose-infused mouse M1 from the low-infusion data in Hui et al, Nature 2017, and source tissue is liver. Specifically, sink tissue in **(a)** and **(c)** is heart. Subfigure **(b)**, **(d)**, **(f)** and **(j)** are fitted with glucose-infused mouse M1 from the high-infusion data, and the sink tissue and source tissue are liver and skeletal muscle respectively.

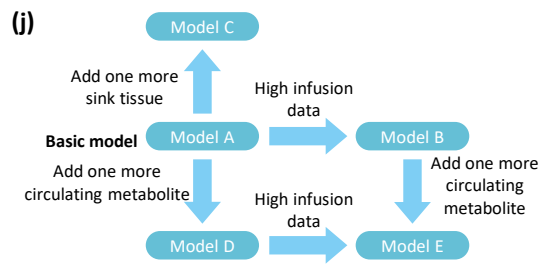
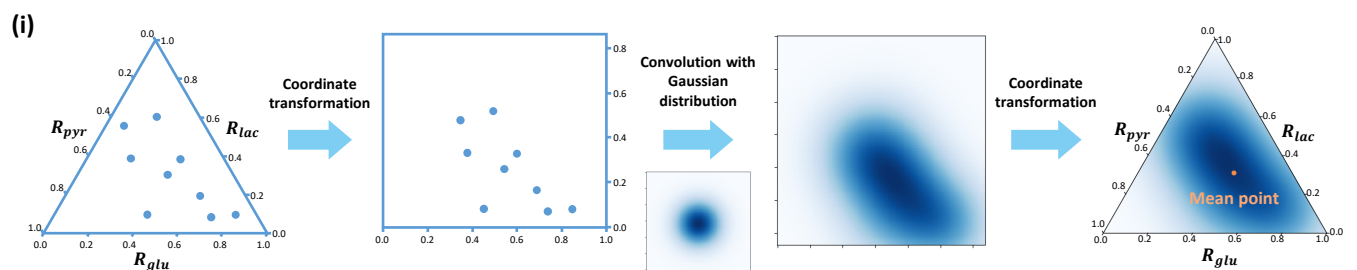
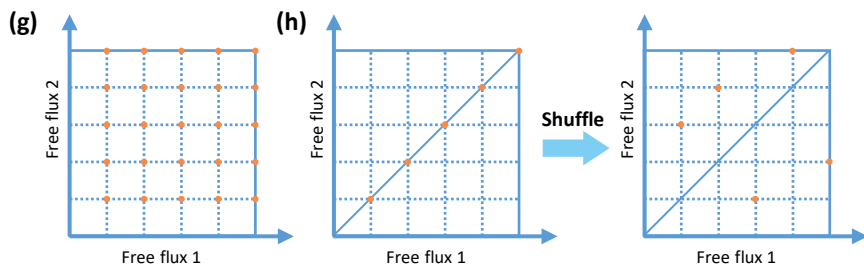
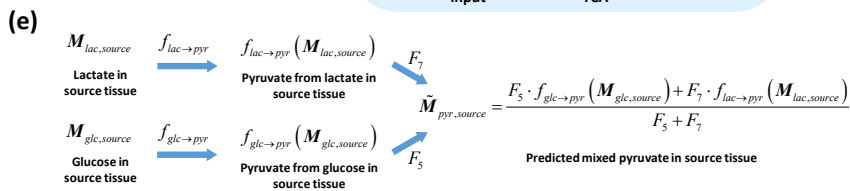
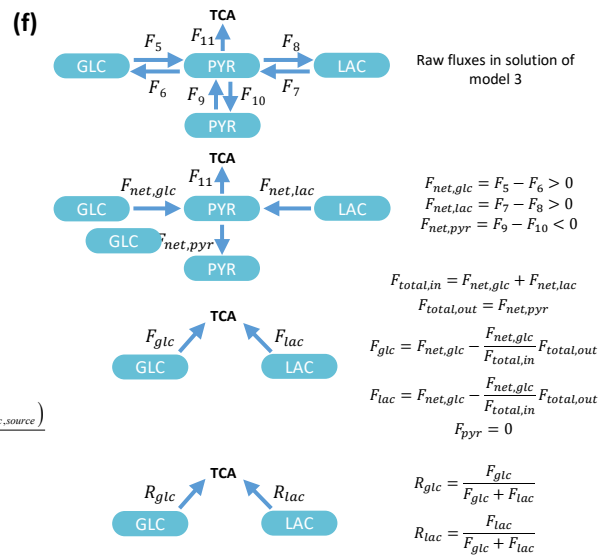
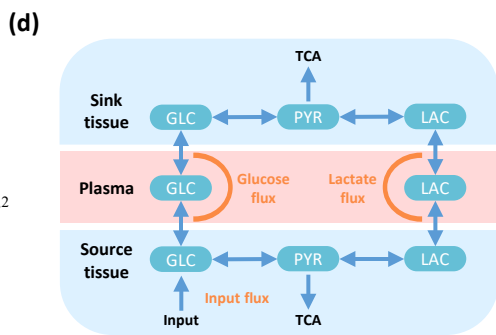
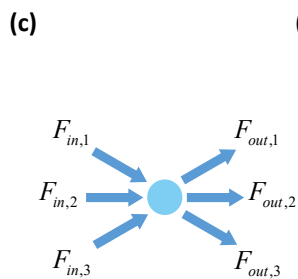
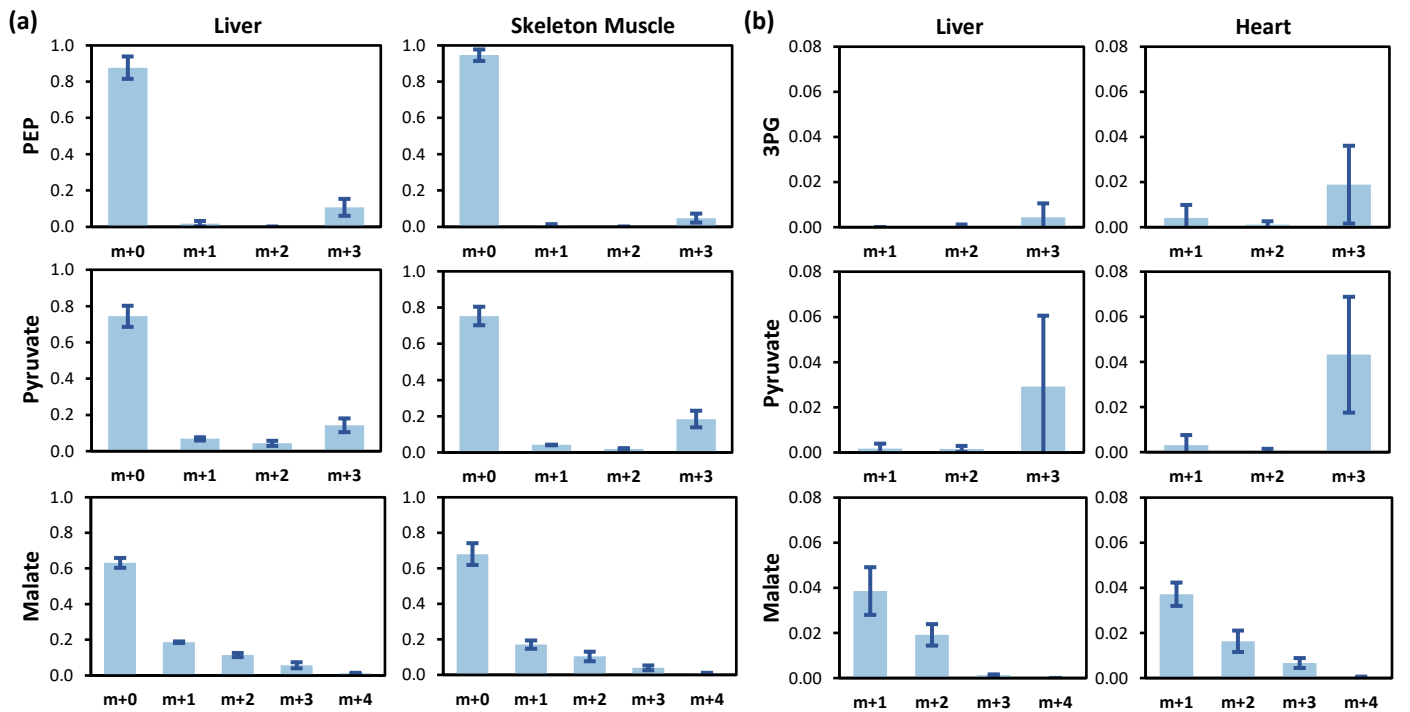
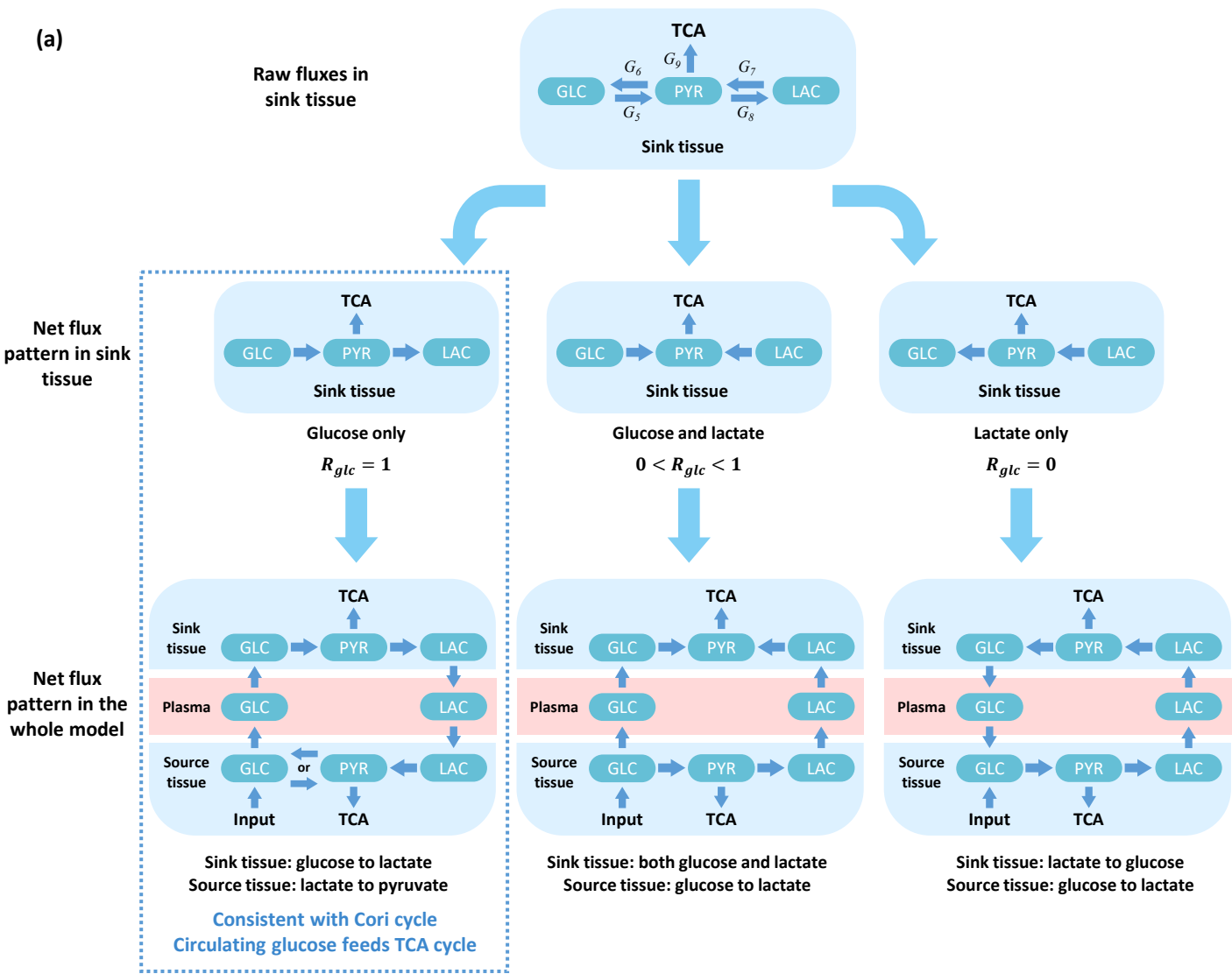


Figure S7. Schematics of model design and computations. Related to STAR Methods.

(a, b) MID data of metabolites. Error bars indicate standard deviations. **(a)** MID of 3PG, pyruvate and malate in liver and heart in glucose-infused data from Hui et al Nature 2017. Data for 3PG and malate were collected from 5 mice (labeled as M1, M4, M5, M7 and M9 in their experiments), while those for pyruvate were collected from 3 mice (M1, M5 and M9. Data for pyruvate M4 and M7 were not available). Only non-m+0 isotopomers are plotted because of low abundance. **(b)** MID of PEP, pyruvate and malate in liver and skeleton muscle in glucose-infused data from our high-infusion experiments. Data were collected from 4 mice. **(c)** Diagram of flux balance requirement. Sum of all input fluxes should be the same as sum of all output fluxes. **(d)** Constraints for some fluxes are shown in orange text. “Glucose flux sum” shows the sum of two glucose export fluxes from tissues to plasma, while “lactate flux sum” shows sum of lactate fluxes. “Input flux” shows the fixed incoming glucose flux. **(e)** Diagram of MID prediction. MIDs of substrate metabolites $M_{glc,source}$ and $M_{lac,source}$ are converted to MID of pyruvate by $f_{glc \rightarrow pyr}$ and $f_{lac \rightarrow pyr}$ respectively. The final MID of pyruvate is predicted based on mixture of two sources, proportional to fluxes F_5 and F_7 . **(f)** Calculation of the contribution nutrients to the TCA cycle. From top to bottom are: (1) Suppose there is a one-tissue model, glucose, lactate and pyruvate can all contribute to TCA cycle. (2) Raw fluxes are first converted to net fluxes, which could be positive or negative. (3) Net fluxes are converted to contribution fluxes, which are non-negative. (4) Contribution fluxes are normalized to calculate contribution ratio for each metabolite. **(g-h)** Two sampling strategies on a two dimensional flux space. **(g)** Uniformly scan the whole space when the dimension of free fluxes is small. **(h)** In high-dimension space, points on diagonal are selected uniformly, then their coordinates are shuffled to generate sample of free fluxes. **(i)** The density distribution of contribution from glucose, lactate and pyruvate. The contribution triple set $(R_{glc}, R_{lac}, R_{pyr})$ is first transformed to Cartesian system \mathbb{R}^2 , and convolved with a Gaussian kernel. Then, the resulting distribution is mapped back to ternary system \mathbb{T} with mean value calculated. **(j)** Relationships between different models. Model A is the basic model. Model C is the model A with one more sink tissue. Model B is the model A fitted with high infusion data. Model D is the model A with one more circulating metabolite (pyruvate), while model E is the model D fitted with high infusion data.

(a)



(b)

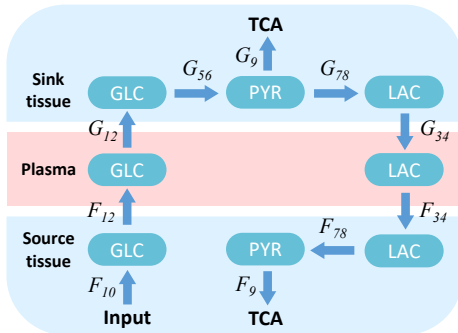


Figure S8. Distribution of the local glucose contribution R_{glc} and global glucose contribution R'_{glc} .

Related to STAR Methods.

(a) Three possible patterns of feasible solutions in our model, which correspond to three glucose contribution ratios: $R_{glc} = 1$, $0 < R_{glc} < 1$ or $R_{glc} = 0$. In the first pattern, glucose is transformed to lactate in sink tissue and lactate is transformed to pyruvate or glucose, which is consistent with Cori cycle. In our results R_{glc} concentrates on 1 supports our conclusion that circulating glucose feeds TCA cycle in most kinds of sink tissue. **(b)** A special case to show how fluxes in this model affect final value of R'_{glc} . Only net fluxes are displayed. In this pattern, if $F_9 > G_9$, even though all TCA flux in sink tissue derives from circulating glucose, $R'_{glc} < 0.5$.

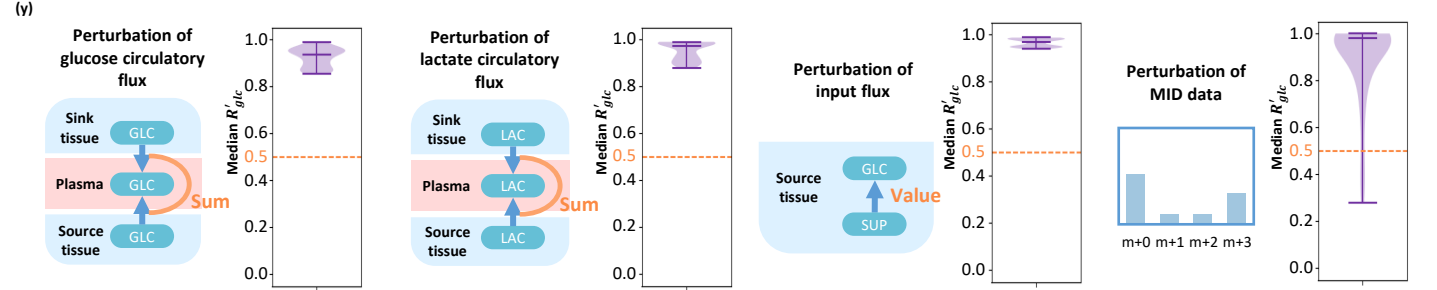
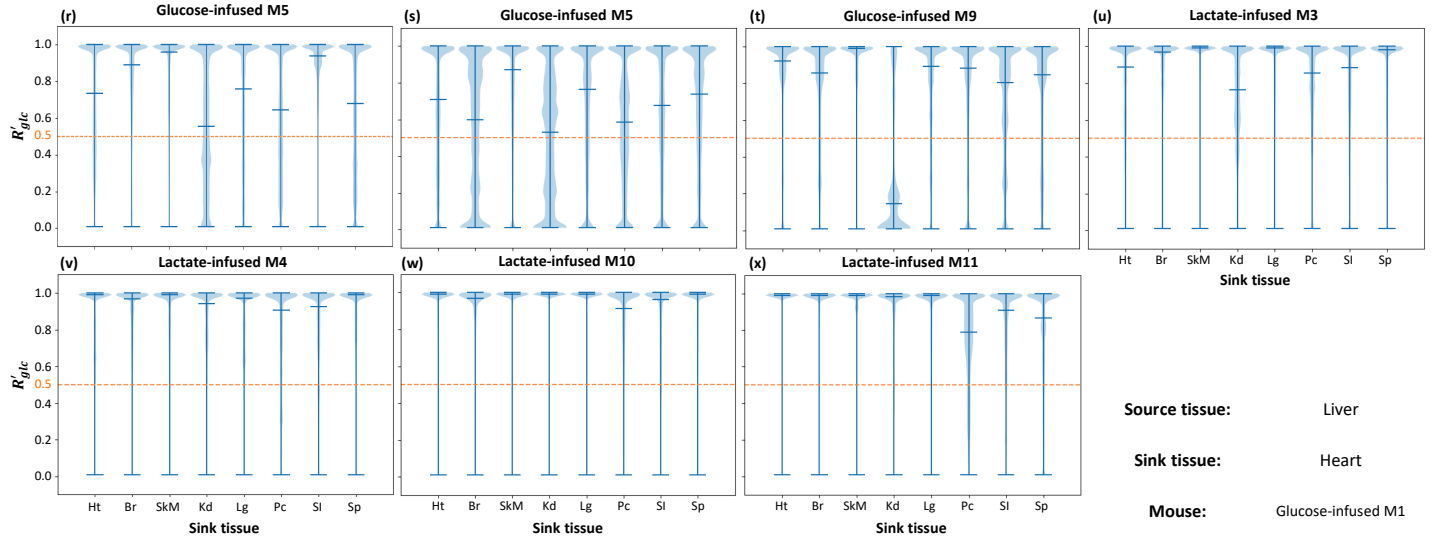
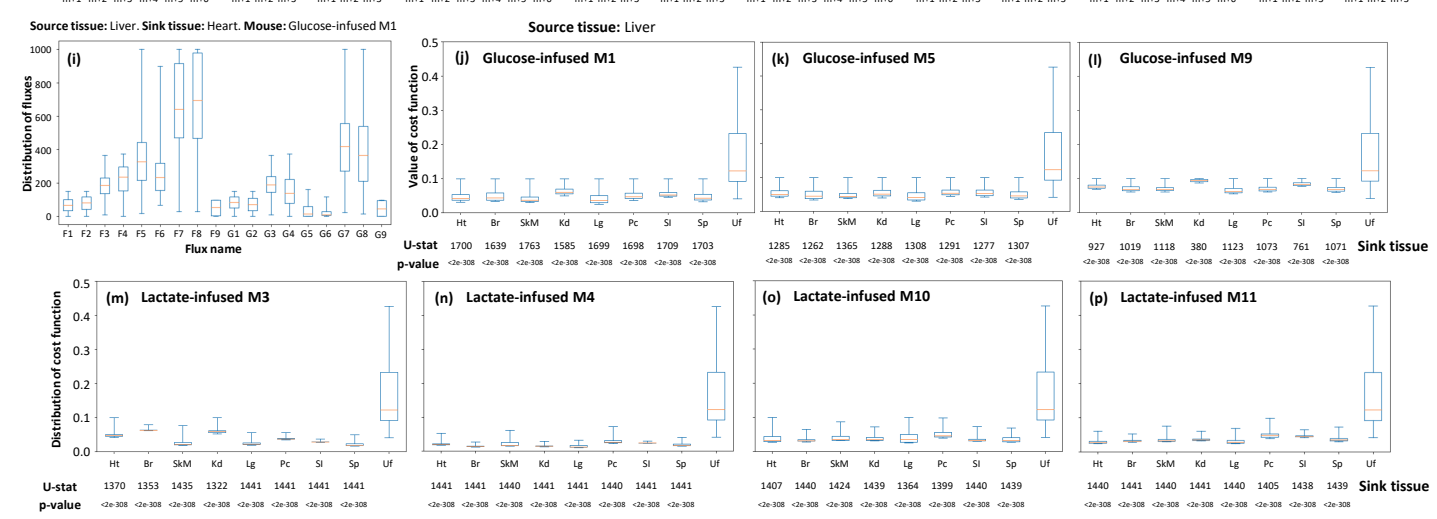
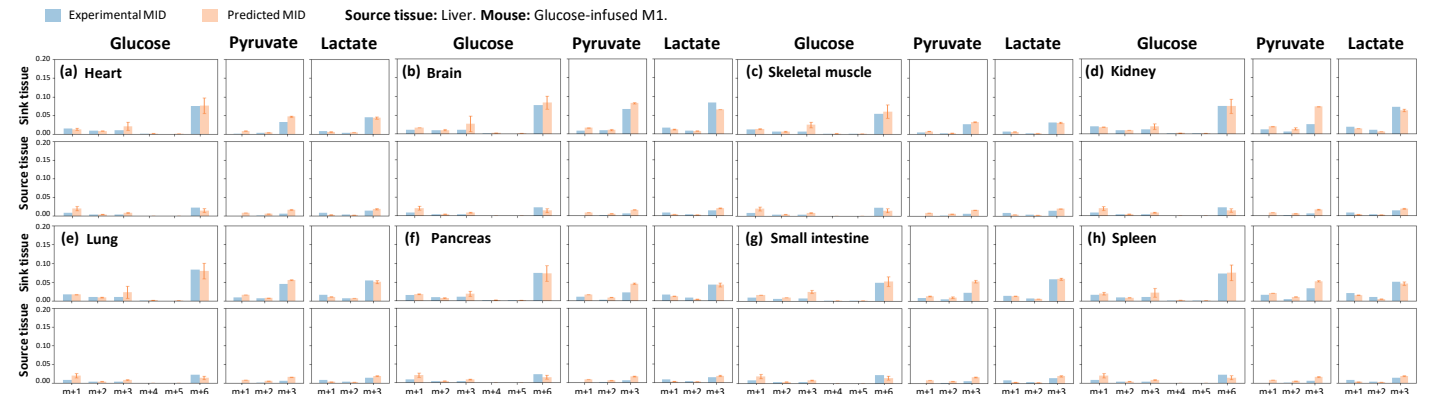


Figure S9. Results of the basic two-tissue model without physiological constraints on TCA fluxes.

Related to STAR Methods.

(a-h) Comparison of experimental and predicted MID in the model. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. Because of the low abundance, only isotopomers with more than one ^{13}C are displayed. **(i)** Distribution of 18 variable fluxes in all feasible solutions. Source tissue is liver and sink tissue is heart. **(j-p)** Distribution of cost functions of feasible solutions fitted with different sink tissue and data from different mice, compared with unfitted control data. Source tissue in all fittings is liver. U-statistics of rank-sum test and p-values are displayed. **(r-x)** Distribution of glucose contribution based on the model with different sink tissues fitted with different mice. The orange dash line represents 0.5 threshold. Data set is from glucose-infused mice (M1, M5, M9) and lactate-infused mice (M3, M4, M10, M11) in Hui et al, 2017. Ht: heart, Br: brain, SkM: skeletal muscle, Kd: kidney, Lg: lung, Pc: pancreas, SI: small intestine, Sp: spleen, Uf: data from random unfitted control. **(y)** Parameter sensitivity analysis. Similar with Figure 3, distribution of medians reflects parameter sensitivities for this model. The distribution of medians under perturbation of glucose circulatory flux, lactate circulatory flux, input flux in source tissue and MID data. Most of the medians are above the 0.5 threshold, which implies that under most perturbations, glucose contributes more than lactate to the TCA cycle. Data set is from glucose-infused mouse M1 in Hui et al, 2017. Source tissue is liver and sink tissue is heart.

Source tissue: Liver. Sink tissue: Skeletal muscle. Data: High-infusion data. Mouse: Glucose-infused M1.

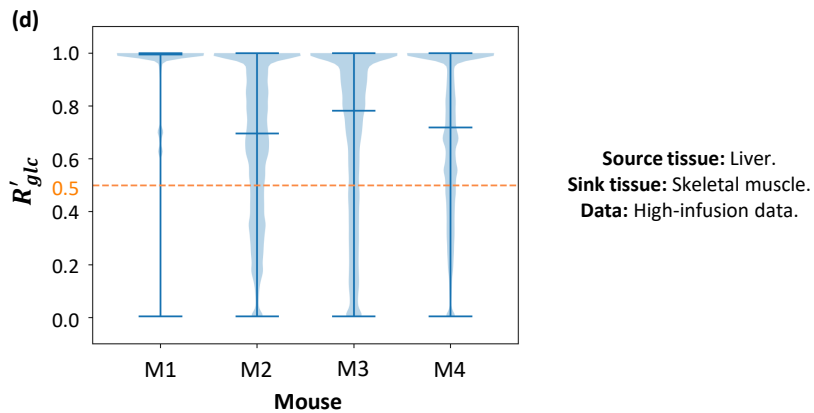
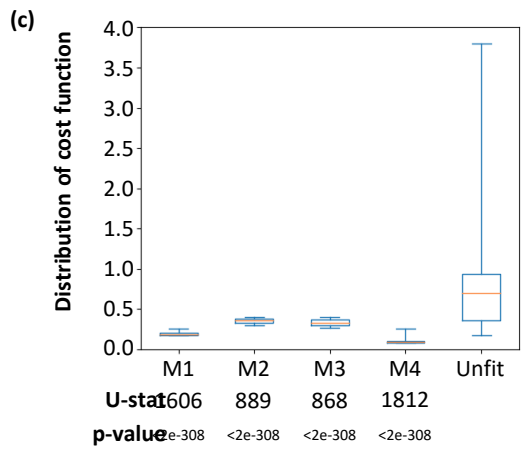
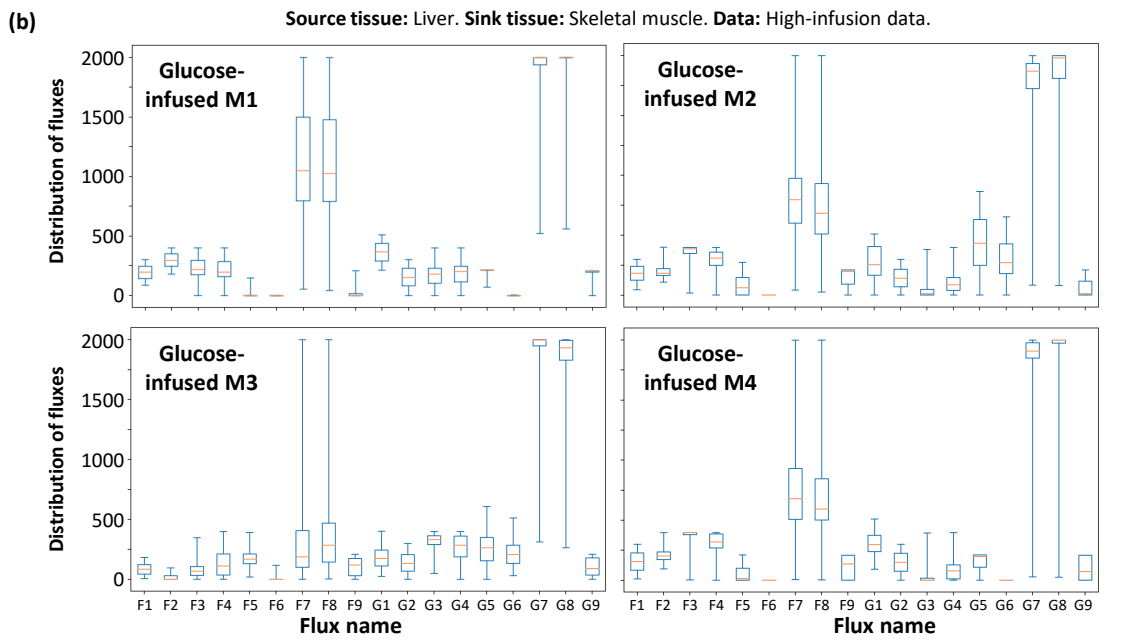
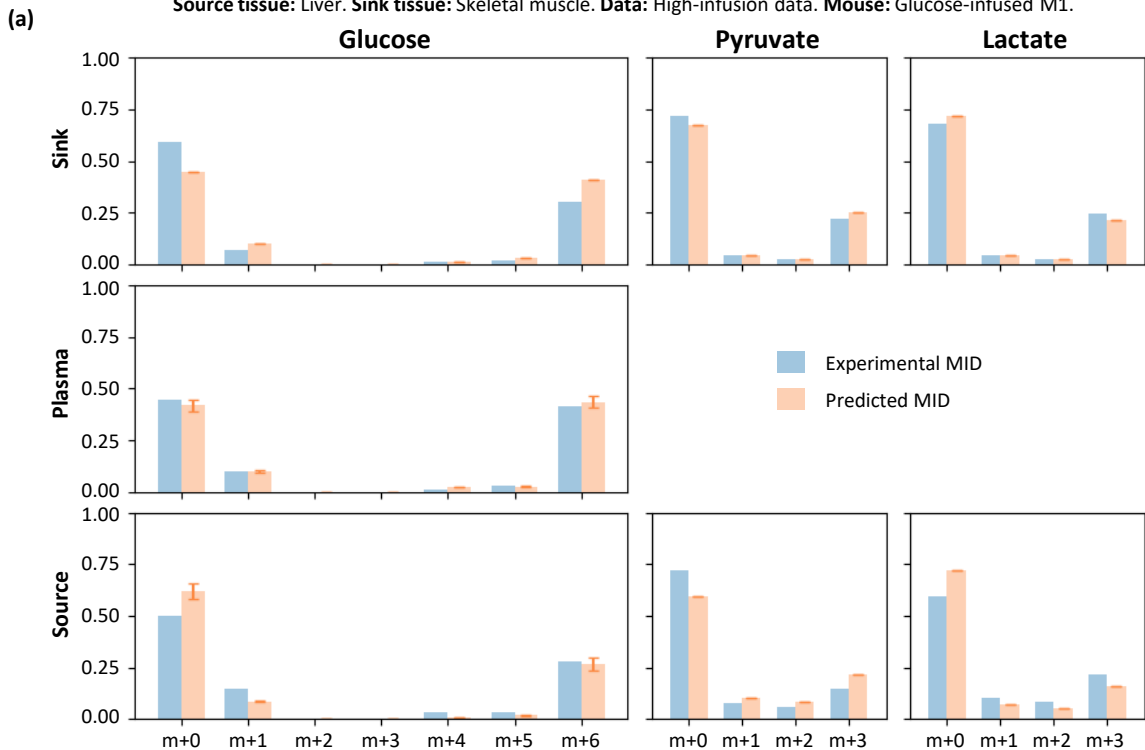


Figure S10. Results of different animal strain and infusion rate without physiological constraints on TCA fluxes. Related to STAR Methods.

(a) Comparison of experimental and predicted MID in the model. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. **(b)** Distribution of 18 variable fluxes in all feasible solutions. **(c)** Distribution of cost function fitted with data from different mice or unfitted control data. U-statistics of rank-sum test and p-values are displayed. **(d)** Distribution of glucose contribution shows glucose contributes more than lactate to the TCA cycle. All subfigures are fitted with different glucose-infused mice from the high-infusion data. Source tissue is liver and sink tissue is skeletal muscle. Specifically, subfigure **(a)** is based on data from glucose-infused mouse M1. In all box plots, boxes represent quantiles and whiskers represent extremes.

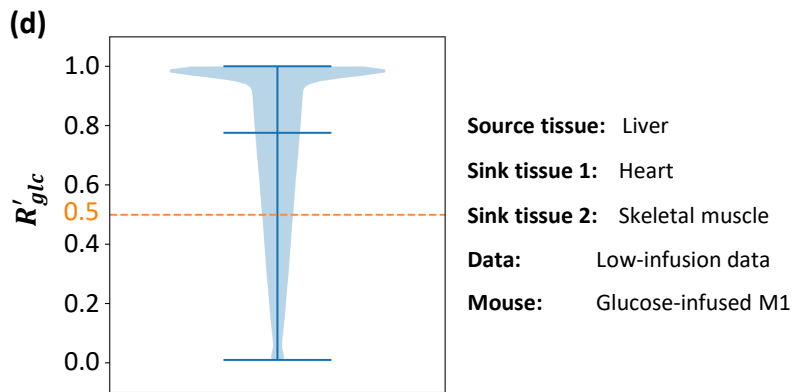
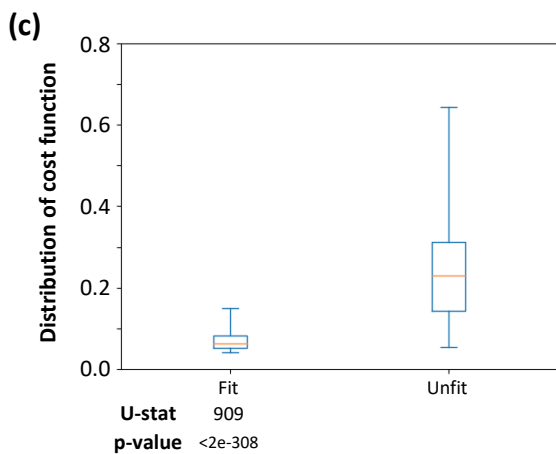
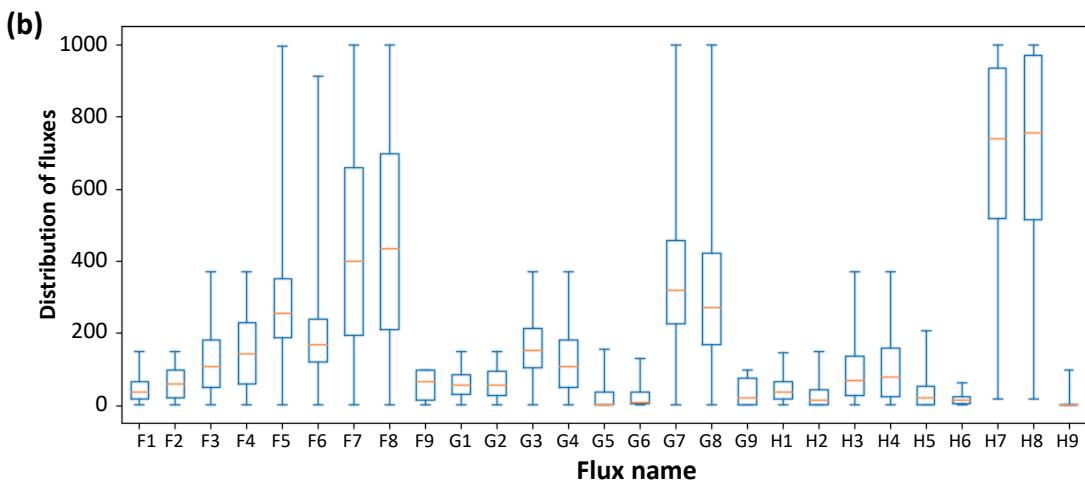
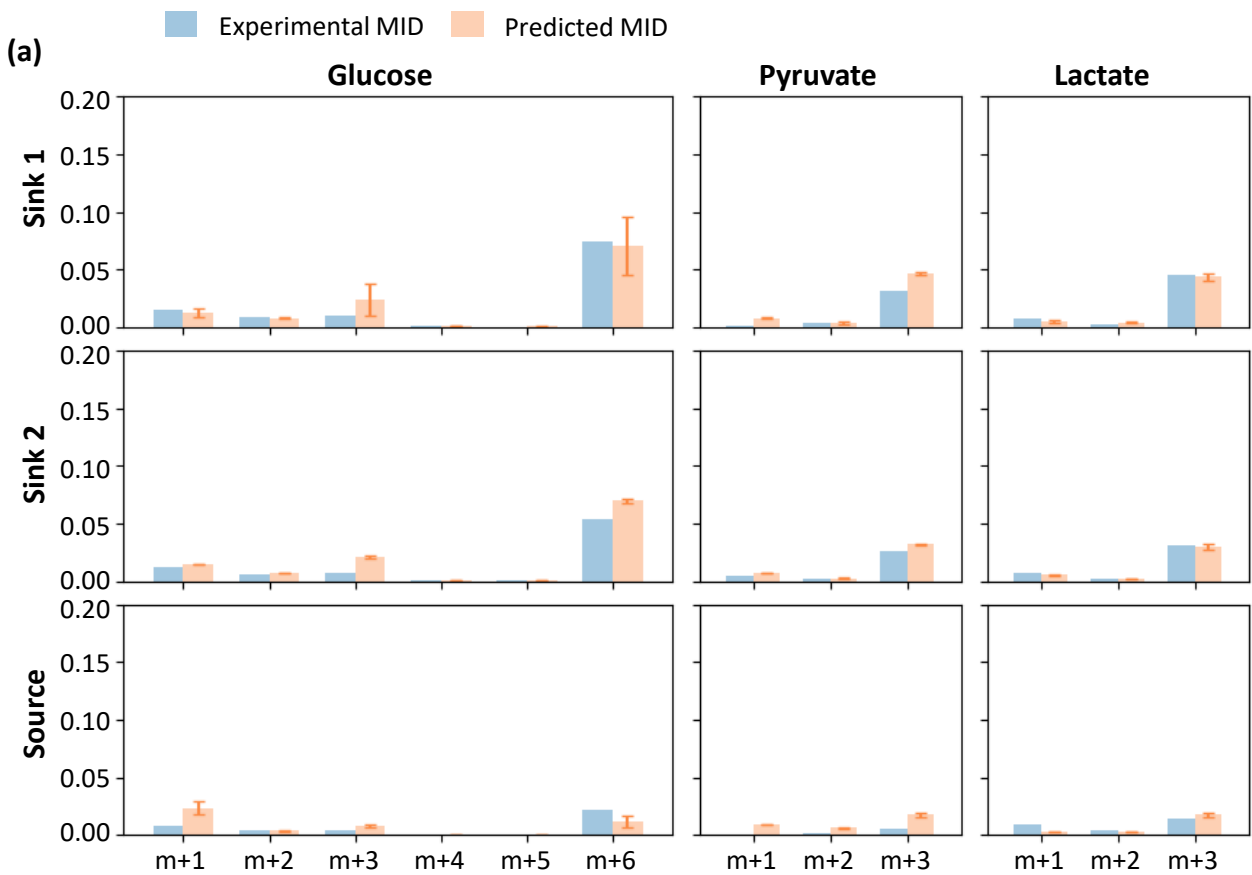


Figure S11. Results across multiple tissues without physiological constraints on TCA fluxes. Related to STAR Methods.

(a) Comparison of experimental and predicted MID in the model. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. Because of the low abundance, only isotopomers with more than one ^{13}C are displayed. **(b)** Distribution of 27 variable fluxes in all feasible solutions. **(c)** Distribution of cost functions of feasible solutions compared with that from unfitted control. U-statistics of rank-sum test and p-values are displayed. **(d)** Distribution of glucose contribution shows glucose contributes more than lactate to the TCA cycle. In all subfigures, the model is fitted with glucose-infused mouse M1 from the low-infusion data in Hui et al, 2017. The source tissue is liver and the sink tissue 1 and 2 are heart and skeletal muscle respectively. In all box plots, boxes represent quantiles and whiskers represent extremes.

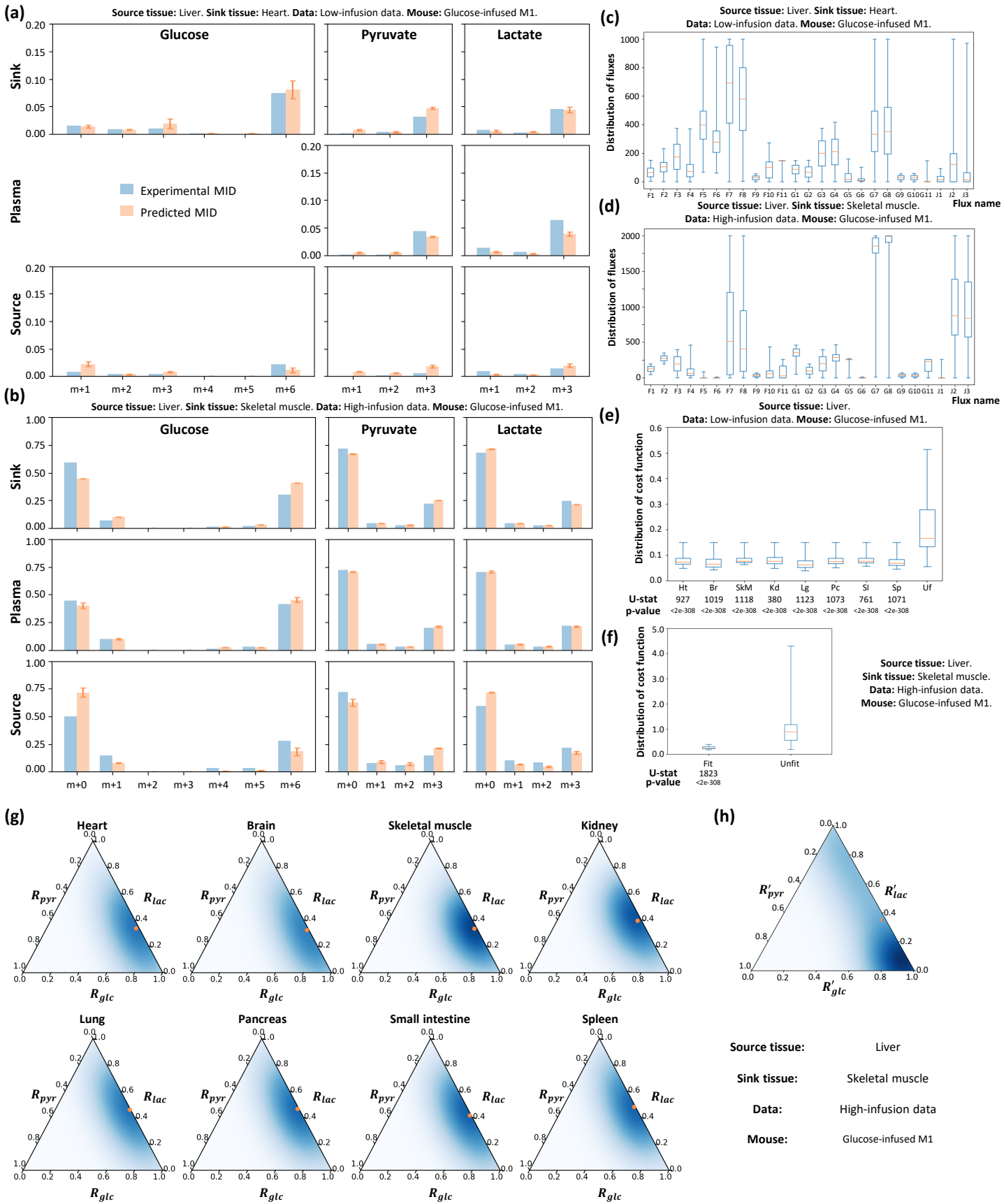


Figure S12. Results containing multiple circulating metabolites feeding the TCA cycle without physiological constraints on TCA fluxes. Related to STAR Methods.

(a, b) Comparison of experimental and predicted MID in the model fitted with the low-infusion data **(a)** or the high-infusion data **(b)**. Average of predicted MID in all feasible solutions are displayed. Standard deviation is also displayed as error bar. **(c, d)** Distribution of 25 variable fluxes in all feasible solutions fitted with the low-infusion data **(c)** or the high-infusion data **(d)**. **(e, f)** Distribution of cost functions of feasible solutions compared with that from random unfitted control, fitted with the low-infusion data **(e)** or the high-infusion data **(f)**. U-statistics of rank-sum test and p-values are displayed. **(g, h)** Contributions to the TCA cycle when additional nutrients are considered, fitted with the low-infusion data **(g)** or the high-infusion data **(h)**. The orange point indicates average level.

Subfigure **(a), (c), (e)** and **(g)** are fitted with glucose-infused mouse M1 from the low-infusion data in Hui et al, 2017, and source tissue is liver. Specifically, sink tissue in **(a)** and **(c)** is heart. Subfigure **(b), (d), (f)** and **(h)** are fitted with glucose-infused mouse M1 from the high-infusion data, and the sink tissue and source tissue are liver and skeletal muscle respectively.