MYC overrides HIF-1α to regulate proliferating primary cell metabolism in hypoxia

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# Abstract

Hypoxia requires metabolic adaptations to sustain energetically demanding cellular activities. While the metabolic consequences of hypoxia have been studied extensively in cancer cell models, comparatively little is known about the metabolic response of primary cells to hypoxia. We performed metabolic flux analyses of human lung fibroblasts and pulmonary artery smooth muscle cells proliferating in hypoxia. Unexpectedly, hypoxia decreased glycolysis despite activation of hypoxia-inducible factor 1α (HIF-1α) and increased glycolytic enzyme expression. While HIF-1α activation by prolyl hydroxylase (PHD) inhibition did increase glycolysis in normoxia, this effect was abrogated by hypoxia. Multi-omic profiling revealed distinct molecular responses to hypoxia and PHD inhibition, suggesting a critical role for MYC in modulating HIF-1α responses to hypoxia. Consistent with this hypothesis, MYC knockdown in hypoxia increased glycolysis and MYC overexpression in normoxia decreased glycolysis stimulated by PHD inhibition. These data suggest that MYC signaling in hypoxia uncouples an increase in HIF-dependent glycolytic gene transcription from glycolytic flux.

# Keywords

hypoxia / metabolic flux analysis / hypoxia-inducible factor / prolyl hydroxylase / MYC

# Introduction

Cellular responses to hypoxia propel many physiologic and pathologic processes from wound healing and angiogenesis to vascular remodeling and fibrosis (W. D. Lee et al., 2019; Semenza, 2012). These activities require cells to continue energetically demanding tasks, such as macromolecular biosynthesis and proliferation, despite limited oxygen availability. Since respiration is the most efficient way for cells to produce energy, cell metabolism must adapt to meet energy demands when oxygen supply is limiting. Understanding how these metabolic adaptations sustain critical cellular processes in hypoxia is fundamentally important to our understanding of human health and disease.

Cells typically respond to hypoxia by shifting energy production away from respiration and toward glycolysis. This response is mediated primarily by stabilization of the hypoxia-inducible transcription factor 1α (HIF-1α). HIF-1α activates the transcription of glucose transporters, glycolytic enzymes, lactate dehydrogenase, and pyruvate dehydrogenase kinase, while decreasing the expression of tricarboxylic acid (TCA) cycle and electron transport chain enzymes (Lee et al., 2020; Semenza, 2012). Although HIF-1α is constitutively expressed, it is hydroxylated by prolyl hydroxylase enzymes (PHDs) in normoxia and targeted for proteasomal degradation. PHDs are the principal oxygen sensors in metazoan cells (Kaelin and Ratcliffe, 2008). PHDs are α-ketoglutarate-dependent dioxygenase enzymes that require molecular oxygen for their enzymatic activity. When oxygen tension falls, PHD activity decreases, leading to HIF-1α stabilization and activation of its downstream transcriptional program. Overall, this transcriptional program should increase glycolytic capacity and divert glucose-derived pyruvate from oxidative phosphorylation toward lactate fermentation to maintain glycolytic ATP production.

In addition to metabolic changes designed to maintain energy supply, hypoxic cells also reduce energy demand through down-regulation of Na+/K+-ATPase, slowing protein translation, and decreasing cell proliferation (Hubbi and Semenza, 2015; Wheaton and Chandel, 2011). In particular, HIF-1α decreases cell proliferation by activating cyclin-dependent kinase inhibitor expression, inhibiting cell-cycle checkpoint progression (Gardner et al., 2001), and antagonizing pro-proliferative MYC signaling (Koshiji et al., 2004). Despite these canonical effects of HIF-1α activation, there are many examples where cells continue to proliferate despite hypoxic stress, including cancer cells, stem cells, and lung vascular cells (Hubbi and Semenza, 2015). How these cells meet the metabolic needs of sustained proliferation in hypoxia and how these adaptations are regulated are active areas of investigation (Jain et al., 2020; Lee et al., 2020; Oldham et al., 2015). Since hypoxia is a prominent feature of cancer biology as tumor growth outstrips blood supply, most detailed metabolic studies of hypoxic cell metabolism have used tumor cell models, yielding important insights into the metabolic pathobiology of cancer (Garcia-Bermudez et al., 2018; Jiang et al., 2016; J. W. Lee et al., 2019; Meléndez-Rodríguez et al., 2019; Metallo et al., 2011; Wise et al., 2011). For example, stable isotope tracing and metabolic flux analyses identified a critical role for the reductive carboxylation of glutamine-derived α-ketoglutarate for lipid biosynthesis in supporting tumor growth (Gameiro et al., 2013; Metallo et al., 2011; Scott et al., 2011; Wise et al., 2011), and metabolomic studies identified aspartate as a limiting metabolite for cancer cell proliferation under hypoxia (Garcia-Bermudez et al., 2018). By contrast, comparatively little is known about metabolic adaptations of primary cells to hypoxia. Indeed, the importance of reductive carboxylation or aspartate biosynthesis remains to be elucidated in primary cells. A more complete understanding of primary cell metabolic adaptations to hypoxia would provide an important context for understanding how metabolic reprogramming supports normal cellular responses to hypoxia, how these responses may be (mal)adaptive in a variety of disease contexts, and how the hypoxia metabolic program in primary cells differs from that observed in cancer cells.

To address these questions, we have developed models of bioenergetic carbon flux in human lung fibroblasts (LFs) and pulmonary artery smooth muscle cells (PASMCs) cultured in 21% or 0.5% oxygen. These cells may be exposed to a wide range of oxygen concentrations *in vivo*, continue to proliferate despite hypoxic culture conditions *in vitro*, and play important roles in the pathology of non-cancerous diseases in which tissue hypoxia is a prominent feature, including pulmonary hypertension and pulmonary fibrosis. We found that hypoxia fails to increase glycolysis in these primary cells despite robust up-regulation of the HIF-1α transcriptional program. In normoxia, HIF-1α stabilization by the PHD inhibitor molidustat (BAY-85-3934, “BAY”) (Flamme et al., 2014) did increase glycolysis and lactate efflux; however, hypoxia blocked this response. These findings suggested that important hypoxia-dependent regulatory mechanisms override the metabolic consequences of HIF-1α-dependent glycolytic gene expression. Transcriptomic profiling identified a critical role for the transcription factor MYC in the adaptive response to hypoxia. Using knockdown and overexpression approaches, we demonstrated that MYC attenuates HIF-driven glycolysis in hypoxia and following HIF stabilization in normoxia.

# Results

## Hypoxia uncouples HIF-dependent glycolytic gene expression from glycolytic metabolic flux

The goal of this study was to characterize hypoxia-induced metabolic changes in proliferating primary LFs and PASMCs. To accomplish this goal, we used metabolic flux analysis to model how cell metabolism supports cell proliferation. Metabolic flux analysis fits cell proliferation rate, extracellular flux measurements, and 13C isotope labeling patterns to a computational model of cell metabolism (Antoniewicz, 2018). This analysis reconstructs comprehensive flux maps that depict the flow of carbon from extracellular substrates, through intracellular metabolic pathways, and into cell biomass and metabolic by-products (Young, 2014). These models assume that cells are at a metabolic pseudo-steady state over the experimental time course (Buescher et al., 2015). Exponential growth phase is thought to reflect metabolic pseudo-steady state as cells in culture steadily divide at their maximal condition-specific rate, provided nutrient supply does not become limiting (Ahn and Antoniewicz, 2011; Buescher et al., 2015). Thus, we first set out to define experimental conditions to capture exponential growth phase in normoxic and hypoxic cultures.

Cells were seeded and placed into hypoxia for 24 h prior to sample collection to provide adequate time for activation of the hypoxia-dependent transcriptional program (**Figure 1A**). We selected 0.5% oxygen for hypoxia as this level yielded the most reproducible phenotypic differences compared to 21% oxygen, while being physiologically relevant and above the KM of cytochrome *c* oxidase (electron transport chain complex IV) for oxygen (Lee et al., 2020; Wenger et al., 2015). From this starting point, we identified the optimal cell seeding density and time course to capture exponential cell growth (**Figure 1B**). Hypoxia decreased cell proliferation rates (**Figure 1C**), but slower growth was not associated with decreased cell viability (**Figure 1 - figure supplement 1A**). As anticipated, hypoxic cells demonstrated robust stabilization of HIF-1α associated with up-regulation of its downstream targets, glucose transporter 1 (GLUT1) and lactate dehydrogenase A (LDHA) (**Figure 1D-H**). These changes persisted for the duration of the experimental time course.

We next determined the extracellular fluxes of glucose (GLC), lactate (LAC), pyruvate (PYR), and amino acids (**Figure 1I-J**). Flux calculations incorporated cell growth rate, extracellular metabolite concentrations, metabolite degradation rates, and medium evaporation rate (Murphy and Young, 2013) (**Figure 1 - figure supplement 1B-C**). Interestingly, while we observed a modest increase in glucose uptake, we found that hypoxia actually decreased lactate efflux (**Figure 1I**). This finding was confirmed by measuring the rate of [U-13C3]-lactate produced from LFs cultured with [U-13C6]-glucose (**Figure 1 - figure supplement 2**). Hypoxia decreased lactate efflux despite activating HIF-1α and increasing glycolytic enzymes expression (**Figure 1D-H**).

To test if more severe hypoxia would augment glycolysis, we cultured cells in 0.2% ambient oxygen (**Figure 1 - figure supplement 3**). Under these conditions, we observed no change in glucose or lactate fluxes, similar to 0.5% oxygen culture. To test if this unexpected response was unique to LFs, we studied PASMCs under 0.5% oxygen conditions (**Figure 1 - figure supplement 4**). Similar to LFs, we observed no change in glucose uptake and reduced lactate efflux in PASMCs. Together, these data suggest that hypoxia uncouples HIF-1α target gene expression and glycolytic flux in proliferating primary cells.

Since hypoxia did not increase glycolysis in LFs, we wanted to determine how these cells responded to HIF-1α stabilization in normoxia. To activate HIF-1α, LFs were treated with the PHD inhibitor molidustat (BAY, 10 μM) using a similar time course as our hypoxia experiments (**Figure 2**). Like hypoxia, BAY decreased cell growth rate (**Figure 2B-C**) and activated the HIF-1α transcriptional program (**Figure 2D-H**). Unlike hypoxia, HIF-1α stabilization in normoxia markedly increased glucose uptake and lactate efflux (**Figure 2I**). Although hypoxia and BAY treatments increased in HIF-1α, GLUT1, and LDHA, to a similar degree, the glycolytic response differed markedly between these treatments.

## Extracellular fluxes are treatment and cell-type dependent

In addition to glucose and lactate, we also determined the extracellular fluxes of pyruvate and amino acids (**Figure 1J, Figure 1 - figure supplement 3J, Figure 1 - figure supplement 4J, Figure 2J**). To our knowledge, this is the first comprehensive extracellular flux profiling of key metabolic substrates in primary cells. In LFs, overall, changes in extracellular fluxes were modest, with hypoxia generally decreasing the fluxes of all measured metabolites. These findings were similar with 0.2% oxygen exposure (**Figure 1 - figure supplement 3J**).

Notably, we observed a significant decrease in glutamine consumption in hypoxic LFs. This finding contrasts with previous studies of cancer cell metabolism demonstrating increased glutamine uptake as a key feature of the metabolic response to hypoxia (Gameiro et al., 2013; Metallo et al., 2011; Wise et al., 2011). In these systems, glutamine-derived α-ketoglutarate was reductively carboxylated by isocitrate dehydrogenase enzymes to generate citrate for lipogenesis. In addition, glutamine has been shown to support TCA cycling in hypoxia in a Burkitt lymphoma model (Le et al., 2012). Unlike LFs, PASMCs did exhibit a trend toward increased glutamine uptake (**Figure 1 - figure supplement 4J**). To examine the relative importance of glucose and glutamine to the proliferation of these cells in hypoxia, we measured LF and PASMC growth rates in the absence of either substrate (**Figure 3**). In LFs, absence of either glucose or glutamine reduced cell proliferation to a similar extent (**Figure 3A**). In hypoxia, glucose deficiency decreased LF proliferation rate further, while glutamine deficiency had no additional impact. These findings are consistent with extracellular flux measurements demonstrating decreased glutamine consumption by LFs in hypoxia. Interestingly, neither glucose nor glutamine deficiency decreased PASMC proliferation (**Figure 3B**), suggesting a high degree of metabolic flexibility in these cells.

In LFs, among all of the measured amino acid fluxes, proline consumption uniquely increased (**Figure 1J**). Hypoxia increases collagen expression in these cells (Liu et al., 2013) and proline constitutes ~ 10% of the total amino acid content of collagens. Together, these data suggest an important contribution of extracellular proline to collagen production in hypoxic LFs as has been observed in other fibroblast cell lineages (Szoka et al., 2017).

In PASMCs, we observed increased consumption of the branched-chain amino acids (BCAAs) leucine and valine as well as arginine (**Figure 1 - figure supplement 4J**), which was not observed in LFs. BCAAs are transaminated by branch chain amino transferase enzymes to branched chain α-keto acids (BCKAs). BCKAs are further metabolized to yield acyl-CoA derivatives for lipogenesis or oxidation (Crown et al., 2015; Mann et al., 2021). Previous studies have shown that hypoxia up-regulates arginase expression in hypoxic PASMCs (Chen et al., 2009; Xue et al., 2017) to support polyamine and proline synthesis required for cell proliferation (Li et al., 2001). Interestingly, activation of these metabolic pathways in hypoxia was not observed in LFs and suggests distinct metabolic dependencies of these different cell types.

Compared to hypoxia treatment, BAY demonstrated more modest effects on amino acid fluxes generally (**Figure 2J**). In particular, glutamate efflux was not affected by BAY treatment, while it was reduced by hypoxia. Alanine efflux was increased by BAY treatment, but decreased by hypoxia. In addition to the glucose and lactate fluxes noted above, these findings further highlight fundamental differences in the metabolic consequences of HIF-1α activation in normoxia and hypoxia.

## Isotope tracing reveals altered substrate utilization in hypoxia

To investigate intracellular metabolic reprogramming in hypoxic cells, we performed 13C stable isotope tracing with [U-13C6]-glucose, [1,2-13C2]-glucose, and [U-13C5]-glutamine. Isotopic enrichment of downstream metabolites in glycolysis and the TCA cycle were determined by LC-MS (**Figure 4 - figure supplement 1**, **Figure 4 - figure supplement 2**). Overall, relatively small changes in the patterns of isotope incorporation were observed following hypoxia or BAY treatment. The most substantial differences were observed in pyruvate (PYR), the terminal product of glycolysis, and citrate (CIT), a central metabolic node in TCA and fatty acid metabolism (**Figure 4A-C**). Both hypoxia and BAY treatments decreased incorporation of glucose-derived carbon into pyruvate (**Figure 4A**) (*i.e.,* the unlabeled, or M0, fraction was greater). This suggests a greater contribution from an unlabeled carbon source, such as extracellular pyruvate, lactate, or alanine, than from glucose, to the intracellular pyruvate pool following PHD inhibition.

Total citrate labeling from [U-13C6]-glucose was unchanged across the treatment conditions (**Figure 4B**). As expected, we observed decreased M2 and M4 citrate isotopes, consistent with decreased pyruvate dehydrogenase activity in hypoxia. Interestingly, we observed increased M3 and M5 citrate isotopes. Pyruvate carboxylase catalyzes the carboxylation of pyruvate to oxaloacetate after which all three pyruvate carbons are incorporated into citrate by citrate synthase. Thus, this labeling pattern suggests a more prominent contribution of pyruvate carboxylase to sustain TCA cycle anaplerosis despite pyruvate dehydrogenase inhibition following HIF-1α activation. By contrast to glucose labeling, much less citrate was labeled by glutamine with hypoxia or BAY with a more pronounced effect of BAY treatment (**Figure 4C**), suggesting a less important contribution of glutamine to TCA anaplerosis under these conditions. In addition, the overall fraction of M5 citrate resulting from reductive carboxylation of glutamine-derived α-ketoglutarate was low (< 7%) (**Figure 4D**). Although a hypoxia-mediated increase in M5 citrate was observed, the overall fraction was much less than the 10-20% levels previously reported in cancer cells (Metallo et al., 2011; Wise et al., 2011).

The stable isotope labeling patterns in PASMCs were generally similar to LFs (**Figure 4 - figure supplement 2**). The most notable differences between LF and PASMC labeling were observed in citrate. Compared with LFs, a much lower fraction of total citrate was labeled by glucose in PASMCs. Less activity of pyruvate carboxylase in these cells was suggested by decreased M3 and M5 citrate isotopes after glucose labeling. Interestingly, the M5 citrate fraction in PASMCs was more consistent with previous reports from the cancer literature (**Figure 4D**), suggesting activation of glutamine anaplerosis for biomass synthesis in these cells.

## Glycolytic flux in hypoxia is closely coupled to cell growth rate

The mass isotopomer distribution for a given metabolite is determined by the complex relationship among the rate of isotope incorporation into the metabolic network, the contributions of unlabeled substrates, and fluxes through related pathways. To clarify how these labeling patterns reflect changes in intracellular metabolite fluxes, we next generated metabolic flux models incorporating the extracellular flux measurements and stable isotope tracing data described above. Preliminary labeling time courses indicated that, even after 72 h of labeling, intracellular metabolites did not reach isotopic steady state (**Figure 5 - figure supplement 1**). Thus, we performed isotopically non-stationary metabolic flux analysis as implemented by Isotopomer Network Compartment Analysis (INCA) (Jazmin and Young, 2013; Murphy and Young, 2013; Young et al., 2014).

Overall, LF and PASMC metabolic fluxes were dominated by high rates of glucose uptake and glycolysis (**Figure 5 - figure supplement 2**). Approximately 10% of cytoplasmic pyruvate enters the TCA cycle with the balance converted to lactate. Consistent with extracellular flux measurements and isotope labeling patterns described above, hypoxia significantly decreased glycolysis, the TCA cycle, and amino acid metabolism (**Figure 5A**). A significant increase in pentose phosphate pathway flux was also observed, although the absolute flux through this pathway is low. By contrast, HIF-1α activation by BAY in 21% oxygen increased glycolysis and lactate fermentation by nearly 50% (**Figure 5B**), but had a similar effect on decreasing serine and glutamine uptake as hypoxia. Metabolite fluxes in DMSO-treated cells were similar to 21% oxygen controls (**Table 1**, **Table 2**).

In normoxia, the magnitude of intracellular metabolite fluxes was generally similar in LFs and PASMCs (**Figure 5 - figure supplement 2**, **Table 1**, **Table 3**). Compared to LFs, PASMCs had slower rates of glycolysis and faster rates of TCA metabolism driven, in part, by increased glutamine uptake (**Figure 5 - figure supplement 3**). In hypoxia, PASMCs exhibited similar decreases in glycolytic flux as LFs but also a marked, and unexpected, increase in TCA flux (**Figure 5 - figure supplement 4**). The increased TCA flux in PASMCs was driven by increased glutamine consumption. This finding is similar to a prior report of glutamine-driven oxidative phosphorylation in hypoxic cancer cells (Fan et al., 2013), where oxidative phosphorylation continued to provide the majority of cellular ATP even at 1% oxygen.

Given the global decrease in bioenergetic metabolic flux in hypoxic LFs, we hypothesized that these differences may be a consequence of decreased growth rate. After normalizing metabolite fluxes in normoxia and hypoxia to the cell growth rate, a modest increase (~10%) in glycolytic flux was observed (**Figure 5 - figure supplement 5**). This finding suggests that, while glycolysis increases relative to growth rate in hypoxic cells, regulators of cell proliferation rate override the anti-proliferative effects of the HIF-1α transcriptional program. Indeed, even after adjusting for cell growth rate, the relative increase in glycolytic flux is modest compared to the marked up-regulation of glycolytic protein levels and the glycolytic potential of these cells demonstrated by BAY treatment in normoxia. BAY treatment decreased cell proliferation rate (**Figure 2B-C**), indicating that, unlike hypoxia, BAY treatment in normoxia uncouples cell proliferation and metabolic flux.

## Hypoxia and BAY treatment increase lactate oxidation

Although the metabolite exchange fluxes for bidirectional reactions tend to be poorly resolved by metabolic flux analysis (Wiechert, 2007), two observations are worth highlighting (**Table 1**, **Table 2**, **Table 3**). First, consistent with the stable isotope tracing results, the modeled rate of reductive carboxylation through reverse flux by isocitrate dehydrogenase in LFs is low (~4 fmol/cell/h), unchanged by hypoxia, and modestly increased by BAY treatment. By contrast, the rate of reductive carboxylation increases 6-fold in PASMCs in hypoxia, highlighting a potentially important role for this pathway in the metabolic response of PASMCs to decreased oxygen availability (**Figure 6**).

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# Author contributions

W.M.O. conceived and designed the analysis. C.A.C., B.A.O., D.R.Z., S.M., K.L., and W.M.O. collected the data. J.D.Y. and W.M.O. contributed data or analysis tools. W.M.O. performed the analysis. W.M.O. drafted the manuscript. All authors participated in interpreting the results and revising the manuscript. All authors approve the final submission.

# Conflict of interest

The authors declare that they have no conflicts of interest.

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# Figures

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| **Figure 1 -** |

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| **Figure 1 - figure supplement 1** |

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| **Figure 4 - supplemental figure 1** |

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| **Figure 6 -** |

# Tables

Table 1: LF fluxes in 21% and 0.5% oxygen

|  | | | | **21%a** | | | **0.5%b** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Pathway** | **ID** | **Reaction** | **Flux** | **LB** | **UB** | **Flux** | **LB** | **UB** | **Ratio** |
| NET | Transport | GLUT | GLC.x → GLC | 5.14e+02 | 5.11e+02 | 5.21e+02 | 4.41e+02 | 4.26e+02 | 4.58e+02 | 0.86 |
| PYRR | PYR.x → PYR.c | 7.56e+01 | 7.31e+01 | 7.96e+01 | 6.21e+01 | 5.83e+01 | 6.60e+01 | 0.82 |
| MCT | LAC ↔︎ LAC.x | 9.99e+02 | 9.98e+02 | 1.02e+03 | 8.91e+02 | 8.62e+02 | 9.25e+02 | 0.89 |
| ALAR | ALA → ALA.x | 2.25e+00 | 1.95e+00 | 2.49e+00 | 5.84e-01 | 1.10e-03 | 1.16e+00 | 0.26 |
| GLNR | GLN.x → GLN | 4.15e+01 | 4.06e+01 | 4.16e+01 | 1.43e+01 | 1.26e+01 | 1.94e+01 | 0.34 |
| GLUR | GLU ↔︎ GLU.x | 1.62e+01 | 1.58e+01 | 1.68e+01 | 7.55e+00 | 6.88e+00 | 8.15e+00 | 0.47 |
| ASPR | ASP → ASP.x | 2.57e+00 | 2.53e+00 | 2.68e+00 | 1.08e+00 | 4.17e-01 | 1.69e+00 | 0.42 |
| SERR | SER.x → SER | 1.42e+01 | 1.35e+01 | 1.49e+01 | 5.49e+00 | 4.99e+00 | 6.06e+00 | 0.39 |
| CYSR | CYX.x → CYS + CYS | 4.41e+00 | 4.23e+00 | 4.58e+00 | 1.65e+00 | 1.32e+00 | 2.08e+00 | 0.37 |
| GLYR | GLY → GLY.x | 2.05e+00 | 1.90e+00 | 2.15e+00 | 2.60e-01 | 2.00e-02 | 4.92e-01 | 0.13 |
| Glycolysis | HK | GLC → G6P | 5.14e+02 | 5.11e+02 | 5.21e+02 | 4.41e+02 | 4.26e+02 | 4.58e+02 | 0.86 |
| PGI | G6P ↔︎ F6P | 5.11e+02 | 4.99e+02 | 5.24e+02 | 4.23e+02 | 4.04e+02 | 4.40e+02 | 0.83 |
| PFK | F6P → FBP | 5.09e+02 | 5.00e+02 | 5.12e+02 | 4.32e+02 | 4.17e+02 | 4.49e+02 | 0.85 |
| ALDO | FBP ↔︎ DHAP + GAP | 5.09e+02 | 5.00e+02 | 5.12e+02 | 4.32e+02 | 4.17e+02 | 4.49e+02 | 0.85 |
| TPI | DHAP ↔︎ GAP | 5.08e+02 | 5.06e+02 | 5.08e+02 | 4.31e+02 | 4.15e+02 | 4.48e+02 | 0.85 |
| GAPDH | GAP ↔︎ 3PG | 1.02e+03 | 9.96e+02 | 1.04e+03 | 8.69e+02 | 8.35e+02 | 9.03e+02 | 0.85 |
| ENO | 3PG → PEP | 1.01e+03 | 9.99e+02 | 1.03e+03 | 8.68e+02 | 8.36e+02 | 9.00e+02 | 0.86 |
| PK | PEP → PYR.c | 1.04e+03 | 9.95e+02 | 1.04e+03 | 8.78e+02 | 8.36e+02 | 9.21e+02 | 0.84 |
| LDH | PYR.c ↔︎ LAC | 9.99e+02 | 9.98e+02 | 1.02e+03 | 8.91e+02 | 8.62e+02 | 9.25e+02 | 0.89 |
| GPT1 | PYR.c ↔︎ ALA | 1.19e+01 | 9.12e+00 | 1.19e+01 | 5.55e+00 | -9.08e+02 | 6.13e+00 | 0.47 |
| GPT2 | PYR.m ↔︎ ALA | -2.58e+00 | -4.56e+00 | 2.87e+00 | -2.40e-03 | -3.22e+01 | 9.11e+02 |  |
| Pentose phosphate pathway | G6PD | G6P → P5P + CO2 | 1.26e-07 | 0.00e+00 | 3.91e-01 | 1.62e+01 | 4.41e+00 | 2.89e+01 | 128571428.57 |
| TK1 | P5P + P5P ↔︎ S7P + GAP | -9.11e-01 | -9.29e-01 | -8.30e-01 | 4.76e+00 | -1.22e-01 | 9.62e+00 | -5.23 |
| TA | S7P + GAP ↔︎ F6P + E4P | -9.11e-01 | -9.29e-01 | -8.30e-01 | 4.76e+00 | -1.22e-01 | 9.62e+00 | -5.23 |
| TK2 | P5P + E4P ↔︎ F6P + GAP | -9.11e-01 | -9.29e-01 | -8.30e-01 | 4.76e+00 | -1.22e-01 | 9.62e+00 | -5.23 |
| Anaplerosis | PYRT | PYR.c → PYR.m | 1.16e+02 | 1.16e+02 | 1.19e+02 | 4.42e+01 | 3.82e+01 | 9.58e+02 |  |
| PC | PYR.m + CO2 → OAC | 1.88e+01 | 1.74e+01 | 1.91e+01 | 1.37e+01 | 9.82e+00 | 2.69e+01 |  |
| PEPCK | OAC → PEP + CO2 | 2.56e+01 | 1.58e+01 | 2.57e+01 | 9.66e+00 | 0.00e+00 | 2.60e+01 |  |
| ME2 | MAL → PYR.m + CO2 | 2.05e+00 | 9.51e-02 | 2.68e+00 | 1.00e-07 | 0.00e+00 | 2.25e+01 |  |
| ME1 | MAL → PYR.c + CO2 | 2.78e-02 | 0.00e+00 | 2.63e+01 | 8.71e-05 | 0.00e+00 | 2.52e+01 |  |
| FAO | FAO → AcCoA.m | 1.00e-07 | 0.00e+00 | 2.13e+00 | 6.58e-06 | 0.00e+00 | 7.73e-01 |  |
| GLDH | GLU ↔︎ AKG | 1.71e+01 | 1.56e+01 | 1.84e+01 | 9.11e-01 | -6.16e-01 | 7.27e+00 | 0.05 |
| GLS | GLN ↔︎ GLU | 3.78e+01 | 3.60e+01 | 3.86e+01 | 1.17e+01 | 1.01e+01 | 1.70e+01 | 0.31 |
| Tricarboxylic acid cycle | PDH | PYR.m → AcCoA.m + CO2 | 1.02e+02 | 8.76e+01 | 1.15e+02 | 3.05e+01 | 2.86e+01 | 5.24e+01 | 0.30 |
| CS | AcCoA.m + OAC → CIT | 1.02e+02 | 8.30e+01 | 1.11e+02 | 3.05e+01 | 2.88e+01 | 5.09e+01 | 0.30 |
| IDH | CIT ↔︎ AKG + CO2 | 2.49e+01 | 2.42e+01 | 2.53e+01 | 1.01e+01 | 8.75e+00 | 1.41e+01 | 0.41 |
| OGDH | AKG → SUC + CO2 | 4.19e+01 | 4.01e+01 | 4.25e+01 | 1.10e+01 | 7.87e+00 | 2.02e+01 | 0.26 |
| SDH | SUC ↔︎ FUM | 4.19e+01 | 4.01e+01 | 4.25e+01 | 1.10e+01 | 7.87e+00 | 2.02e+01 | 0.26 |
| FH | FUM ↔︎ MAL | 4.19e+01 | 4.01e+01 | 4.25e+01 | 1.10e+01 | 7.87e+00 | 2.02e+01 | 0.26 |
| MDH | MAL ↔︎ OAC | 1.17e+02 | 1.08e+02 | 1.24e+02 | 3.14e+01 | 2.62e+01 | 5.70e+01 | 0.27 |
| GOT | OAC ↔︎ ASP | 8.11e+00 | 8.06e+00 | 8.23e+00 | 4.98e+00 | 4.32e+00 | 5.64e+00 | 0.61 |
| Amino acid metabolism | PST | 3PG → SER | 1.95e+00 | 1.63e+00 | 2.00e+00 | 2.42e-01 | 1.34e-01 | 3.57e+01 |  |
| SHT | SER ↔︎ GLY + MEETHF | 6.38e+00 | 6.22e+00 | 6.43e+00 | 3.91e+00 | 3.71e+00 | 4.10e+00 | 0.61 |
| CYST | SER ↔︎ CYS | -7.12e+00 | -7.19e+00 | -6.81e+00 | -2.10e+00 | -2.97e+00 | -1.44e+00 | 0.30 |
| SD | SER → PYR.c | 1.17e+01 | 1.04e+01 | 1.20e+01 | 2.82e-01 | 0.00e+00 | 1.47e+00 | 0.02 |
| GLYS | CO2 + MEETHF → GLY | 3.39e+00 | 3.35e+00 | 3.49e+00 | 1.80e+00 | 1.66e+00 | 1.93e+00 | 0.53 |
| Biomass | BIOMASS | 1216\*AcCoA.c + 295.6\*ALA + 232.4\*ASP + 114.7\*CO2 + 71.43\*CYS + 57.14\*DHAP + 142.4\*G6P + 158.6\*GLN + 190.1\*GLU + 324.2\*GLY + 125.6\*MEETHF + 114.7\*P5P + 217.2\*SER → biomass | 2.38e-02 | 2.34e-02 | 2.39e-02 | 1.68e-02 | 1.61e-02 | 1.75e-02 | 0.71 |
| ACL | CIT → AcCoA.c + MAL | 7.74e+01 | 6.29e+01 | 1.04e+02 | 2.04e+01 | 1.95e+01 | 3.71e+01 | 0.26 |
| LIPS | AcCoA.c → lipid | 4.84e+01 | 4.55e+01 | 4.84e+01 | 1.00e-07 | 0.00e+00 | 1.68e+01 | 0.00 |
| Mixing | cPYR | 0\*PYR.c → PYR.ms | 1.00e+00 | 8.47e-01 | 1.00e+00 | 1.42e-01 | 0.00e+00 | 1.00e+00 |  |
| mPYR | 0\*PYR.m → PYR.ms | 1.00e-07 | 0.00e+00 | 1.53e-01 | 8.58e-01 | 0.00e+00 | 1.00e+00 |  |
| sPYR | PYR.ms → PYR.fix | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 |  |
| EXCH | Transport | MCT | LAC ↔︎ LAC.x | 1.00e-07 | 0.00e+00 | 1.05e-01 | 1.52e+03 | 1.35e+03 | 2.41e+03 | 15200000000.00 |
| GLUR | GLU ↔︎ GLU.x | 5.10e+00 | 4.77e+00 | 5.23e+00 | 1.54e+00 | 1.11e+00 | 2.54e+00 | 0.30 |
| Glycolysis | PGI | G6P ↔︎ F6P | 2.78e+05 | 1.77e+05 | Inf | 2.46e+05 | 0.00e+00 | Inf |  |
| ALDO | FBP ↔︎ DHAP + GAP | 1.43e+02 | 1.43e+02 | 1.43e+02 | 3.20e+02 | 2.79e+02 | 3.60e+02 | 2.24 |
| TPI | DHAP ↔︎ GAP | 4.33e+03 | 4.33e+03 | 1.09e+04 | 1.70e+03 | 1.06e+03 | 3.06e+03 | 0.39 |
| GAPDH | GAP ↔︎ 3PG | 4.42e+02 | 4.72e+00 | 4.50e+02 | 1.00e-07 | 0.00e+00 | 2.39e+02 |  |
| LDH | PYR.c ↔︎ LAC | 1.63e+03 | 1.62e+03 | 1.80e+03 | 4.80e+00 | 0.00e+00 | 3.51e+02 | 0.00 |
| GPT1 | PYR.c ↔︎ ALA | 1.00e-07 | 0.00e+00 | 2.61e-01 | 8.32e+02 | 0.00e+00 | 9.06e+02 |  |
| GPT2 | PYR.m ↔︎ ALA | 4.21e-04 | 0.00e+00 | 2.92e+00 | 1.28e-04 | 0.00e+00 |  |  |
| Pentose phosphate pathway | TK1 | P5P + P5P ↔︎ S7P + GAP | 9.97e+04 | 6.27e+03 | Inf | 1.47e+02 | 6.67e+01 | 2.60e+02 | 0.00 |
| TA | S7P + GAP ↔︎ F6P + E4P | 5.93e+00 | 5.79e+00 | 6.97e+00 | 2.35e-04 | 0.00e+00 | 7.54e+00 |  |
| TK2 | P5P + E4P ↔︎ F6P + GAP | 1.00e+07 | -Inf | Inf | 9.05e+00 | 4.10e+00 | 1.43e+01 |  |
| Anaplerosis | GLDH | GLU ↔︎ AKG | 1.52e+03 | 1.52e+03 | 7.13e+03 | 3.78e+02 | 1.93e+02 | 1.94e+03 |  |
| GLS | GLN ↔︎ GLU | 3.99e-01 | 0.00e+00 | 8.04e-01 | 1.00e-07 | 0.00e+00 | 3.84e-01 |  |
| Tricarboxylic acid cycle | IDH | CIT ↔︎ AKG + CO2 | 4.55e+00 | 4.03e+00 | 5.19e+00 | 2.52e+00 | 1.80e+00 | 4.50e+00 |  |
| SDH | SUC ↔︎ FUM | 1.22e+03 |  | Inf | 7.60e+01 | 2.57e+01 | Inf |  |
| FH | FUM ↔︎ MAL | 3.66e+05 | 1.95e+05 | Inf | 5.05e+05 | 3.06e+02 | Inf |  |
| MDH | MAL ↔︎ OAC | 1.11e+03 | 7.88e+02 | 2.38e+03 | 1.33e+02 | 7.22e+01 | 3.25e+02 | 0.12 |
| GOT | OAC ↔︎ ASP | 1.00e+07 | -Inf | Inf | 4.42e+01 | 0.00e+00 | Inf |  |
| Amino acid metabolism | SHT | SER ↔︎ GLY + MEETHF | 5.10e+00 | 8.92e-01 | 5.25e+00 | 6.07e-07 | 0.00e+00 | 3.32e+02 |  |
| CYST | SER ↔︎ CYS | 1.52e-05 | 0.00e+00 | 2.55e-04 | 1.46e-02 | 0.00e+00 | Inf |  |
| a SSR 391.7 [311.2-416.6] (95% CI, 362 DOF) | | | | | | | | | | |
| b SSR 334.3 [311.2-416.6] (95% CI, 362 DOF) | | | | | | | | | | |

Table 2: LF fluxes following DMSO and BAY treatment

|  | | | | **DMSOa** | | | **BAYb** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Pathway** | **ID** | **Reaction** | **Flux** | **LB** | **UB** | **Flux** | **LB** | **UB** | **Ratio** |
| NET | Transport | GLUT | GLC.x → GLC | 6.12e+02 | 6.12e+02 | 6.12e+02 | 8.80e+02 | 8.80e+02 | 8.80e+02 | 1.44 |
| PYRR | PYR.x → PYR.c | 9.98e+01 | 9.95e+01 | 1.01e+02 | 6.06e+01 | 6.06e+01 | 6.06e+01 | 0.61 |
| MCT | LAC ↔︎ LAC.x | 8.19e+02 | 8.17e+02 | 8.20e+02 | 1.33e+03 | 1.33e+03 | 1.33e+03 | 1.62 |
| ALAR | ALA → ALA.x | 2.67e+00 | 2.36e+00 | 3.29e+00 | 5.98e+00 | 5.88e+00 | 6.24e+00 | 2.24 |
| GLNR | GLN.x → GLN | 3.78e+01 | 3.77e+01 | 3.79e+01 | 2.06e+01 | 2.06e+01 | 2.06e+01 | 0.54 |
| GLUR | GLU ↔︎ GLU.x | 1.61e+01 | 1.56e+01 | 1.62e+01 | 1.68e+01 | 1.68e+01 | 1.68e+01 | 1.05 |
| ASPR | ASP → ASP.x | 2.36e+00 | 2.32e+00 | 2.49e+00 | 1.80e+00 | 1.80e+00 | 1.81e+00 | 0.76 |
| SERR | SER.x → SER | 1.03e+01 | 1.03e+01 | 1.06e+01 | 2.50e+00 | 2.50e+00 | 2.50e+00 | 0.24 |
| CYSR | CYX.x → CYS + CYS | 2.79e+00 | 2.79e+00 | 2.95e+00 | 3.07e-01 | 3.06e-01 | 3.07e-01 | 0.11 |
| GLYR | GLY → GLY.x | 2.52e+00 | 2.30e+00 | 2.73e+00 | 5.52e-01 | 4.30e-01 | 7.45e-01 | 0.22 |
| Glycolysis | HK | GLC → G6P | 6.12e+02 | 6.12e+02 | 6.12e+02 | 8.80e+02 | 8.80e+02 | 8.80e+02 | 1.44 |
| PGI | G6P ↔︎ F6P | 6.09e+02 | 6.08e+02 | 6.09e+02 | 8.42e+02 | 8.42e+02 | 8.42e+02 | 1.38 |
| PFK | F6P → FBP | 6.07e+02 | 6.07e+02 | 6.07e+02 | 8.65e+02 | 8.65e+02 | 8.65e+02 | 1.43 |
| ALDO | FBP ↔︎ DHAP + GAP | 6.07e+02 | 6.07e+02 | 6.07e+02 | 8.65e+02 | 8.65e+02 | 8.65e+02 | 1.43 |
| TPI | DHAP ↔︎ GAP | 6.06e+02 | 6.06e+02 | 6.06e+02 | 8.65e+02 | 8.65e+02 | 8.65e+02 | 1.43 |
| GAPDH | GAP ↔︎ 3PG | 1.21e+03 | 1.21e+03 | 1.21e+03 | 1.74e+03 | 1.74e+03 | 1.74e+03 | 1.44 |
| ENO | 3PG → PEP | 1.21e+03 | 1.21e+03 | 1.21e+03 | 1.57e+03 | 1.57e+03 | 1.57e+03 | 1.30 |
| PK | PEP → PYR.c | 1.23e+03 | 1.19e+03 | 1.23e+03 | 1.65e+03 | 1.65e+03 | 1.65e+03 | 1.34 |
| LDH | PYR.c ↔︎ LAC | 8.19e+02 | 8.17e+02 | 8.20e+02 | 1.33e+03 | 1.33e+03 | 1.33e+03 | 1.62 |
| GPT1 | PYR.c ↔︎ ALA | 9.62e+00 | 9.44e+00 | 9.62e+00 | 9.36e+00 | 9.32e+00 | 9.42e+00 | 0.97 |
| GPT2 | PYR.m ↔︎ ALA | 1.14e-01 |  |  | 2.28e-07 | -1.22e-05 | 6.41e-04 |  |
| Pentose phosphate pathway | G6PD | G6P → P5P + CO2 | 2.02e-02 | 0.00e+00 | 1.08e+00 | 3.64e+01 | 3.64e+01 | 3.64e+01 | 1801.98 |
| TK1 | P5P + P5P ↔︎ S7P + GAP | -9.06e-01 | -9.28e-01 | -9.06e-01 | 1.17e+01 | 1.17e+01 | 1.17e+01 | -12.89 |
| TA | S7P + GAP ↔︎ F6P + E4P | -9.06e-01 | -9.28e-01 | -9.06e-01 | 1.17e+01 | 1.17e+01 | 1.17e+01 | -12.89 |
| TK2 | P5P + E4P ↔︎ F6P + GAP | -9.06e-01 | -9.28e-01 | -9.06e-01 | 1.17e+01 | 1.17e+01 | 1.17e+01 | -12.89 |
| Anaplerosis | PYRT | PYR.c → PYR.m | 4.99e+02 | 4.97e+02 | 4.99e+02 | 5.50e+02 | 5.50e+02 | 5.50e+02 | 1.10 |
| PC | PYR.m + CO2 → OAC | 2.11e+01 | 2.07e+01 | 2.17e+01 | 9.05e+01 | 9.05e+01 | 9.05e+01 | 4.28 |
| PEPCK | OAC → PEP + CO2 | 1.36e+01 | 1.36e+01 | 1.37e+01 | 8.58e+01 | 8.58e+01 | 8.58e+01 | 6.31 |
| ME2 | MAL → PYR.m + CO2 | 1.30e+01 | 1.28e+01 | 1.37e+01 | 1.00e-07 | 0.00e+00 | 9.49e-06 | 0.00 |
| ME1 | MAL → PYR.c + CO2 | 3.20e-03 | 0.00e+00 | 1.73e+00 | 1.00e-07 | 0.00e+00 | 2.15e-05 |  |
| FAO | FAO → AcCoA.m | 1.00e-07 | 0.00e+00 | 3.48e+00 | 1.09e-04 | 8.34e-06 | 4.14e-02 |  |
| GLDH | GLU ↔︎ AKG | 1.33e+01 | 1.31e+01 | 1.35e+01 | -2.46e-01 | -2.47e-01 | -2.46e-01 | -0.02 |
| GLS | GLN ↔︎ GLU | 3.40e+01 | 3.35e+01 | 3.42e+01 | 1.88e+01 | 1.88e+01 | 1.88e+01 | 0.55 |
| Tricarboxylic acid cycle | PDH | PYR.m → AcCoA.m + CO2 | 4.90e+02 | 4.90e+02 | 4.92e+02 | 4.60e+02 | 4.60e+02 | 4.60e+02 | 0.94 |
| CS | AcCoA.m + OAC → CIT | 4.90e+02 | 4.84e+02 | 4.91e+02 | 4.60e+02 | 4.60e+02 | 4.60e+02 | 0.94 |
| IDH | CIT ↔︎ AKG + CO2 | 2.70e+01 | 2.70e+01 | 2.76e+01 | 1.45e+01 | 1.45e+01 | 1.45e+01 | 0.54 |
| OGDH | AKG → SUC + CO2 | 4.03e+01 | 3.99e+01 | 4.04e+01 | 1.43e+01 | 1.43e+01 | 1.43e+01 | 0.35 |
| SDH | SUC ↔︎ FUM | 4.03e+01 | 3.99e+01 | 4.04e+01 | 1.43e+01 | 1.43e+01 | 1.43e+01 | 0.35 |
| FH | FUM ↔︎ MAL | 4.03e+01 | 3.99e+01 | 4.04e+01 | 1.43e+01 | 1.43e+01 | 1.43e+01 | 0.35 |
| MDH | MAL ↔︎ OAC | 4.91e+02 | 4.91e+02 | 4.92e+02 | 4.60e+02 | 4.60e+02 | 4.60e+02 | 0.94 |
| GOT | OAC ↔︎ ASP | 7.91e+00 | 7.76e+00 | 7.98e+00 | 4.46e+00 | 4.46e+00 | 4.46e+00 | 0.56 |
| Amino acid metabolism | PST | 3PG → SER | 4.03e-01 | 3.74e-01 | 5.04e-01 | 1.73e+02 | 1.73e+02 | 1.73e+02 | 429.83 |
| SHT | SER ↔︎ GLY + MEETHF | 6.63e+00 | 6.59e+00 | 6.65e+00 | 2.85e+00 | 2.79e+00 | 2.93e+00 | 0.43 |
| CYST | SER ↔︎ CYS | -3.88e+00 | -3.91e+00 | -3.87e+00 | 2.03e-01 | 2.02e-01 | 2.03e-01 | -0.05 |
| SD | SER → PYR.c | 2.80e+00 | 2.80e+00 | 2.80e+00 | 1.70e+02 | 1.70e+02 | 1.70e+02 | 60.81 |
| GLYS | CO2 + MEETHF → GLY | 3.63e+00 | 3.50e+00 | 3.65e+00 | 1.41e+00 | 1.30e+00 | 1.46e+00 | 0.39 |
| Biomass | BIOMASS | 1216\*AcCoA.c + 295.6\*ALA + 232.4\*ASP + 114.7\*CO2 + 71.43\*CYS + 57.14\*DHAP + 142.4\*G6P + 158.6\*GLN + 190.1\*GLU + 324.2\*GLY + 125.6\*MEETHF + 114.7\*P5P + 217.2\*SER → biomass | 2.39e-02 | 2.39e-02 | 2.50e-02 | 1.14e-02 | 1.14e-02 | 1.14e-02 | 0.48 |
| ACL | CIT → AcCoA.c + MAL | 4.63e+02 | 4.63e+02 | 4.66e+02 | 4.45e+02 | 4.45e+02 | 4.45e+02 | 0.96 |
| LIPS | AcCoA.c → lipid | 4.34e+02 | 4.29e+02 | 4.34e+02 | 4.32e+02 | 4.32e+02 | 4.32e+02 |  |
| Mixing | cPYR | 0\*PYR.c → PYR.ms | 1.00e+00 | 9.99e-01 | 1.00e+00 | 1.00e-07 | 0.00e+00 | 1.00e+00 |  |
| mPYR | 0\*PYR.m → PYR.ms | 1.00e-07 | 0.00e+00 | 9.83e-04 | 1.00e+00 | 0.00e+00 | 1.00e+00 |  |
| sPYR | PYR.ms → PYR.fix | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 |  |
| EXCH | Transport | MCT | LAC ↔︎ LAC.x | 6.24e-04 | 0.00e+00 | 3.56e+00 | 7.11e+02 | 7.11e+02 | 7.11e+02 | 1139423.08 |
| GLUR | GLU ↔︎ GLU.x | 5.06e+00 | 4.82e+00 | 5.75e+00 | 3.48e+00 | 3.48e+00 | 3.48e+00 | 0.69 |
| Glycolysis | PGI | G6P ↔︎ F6P | 1.40e+06 | 1.39e+06 | Inf | 4.31e+06 | 4.31e+06 | 4.31e+06 |  |
| ALDO | FBP ↔︎ DHAP + GAP | 2.38e+02 | 2.38e+02 | 2.38e+02 | 1.02e+03 | 1.02e+03 | 1.02e+03 | 4.28 |
| TPI | DHAP ↔︎ GAP | 9.99e+06 |  | Inf | 7.57e+03 | 7.57e+03 | 7.57e+03 |  |
| GAPDH | GAP ↔︎ 3PG | 5.81e+02 | 5.81e+02 | 7.25e+02 | 1.09e+02 | 1.07e+02 | 1.09e+02 | 0.19 |
| LDH | PYR.c ↔︎ LAC | 2.65e+03 | 2.58e+03 | 2.65e+03 | 4.92e+01 | 4.91e+01 | 4.94e+01 | 0.02 |
| GPT1 | PYR.c ↔︎ ALA | 1.00e-07 | 0.00e+00 | 5.60e-02 | 2.45e+03 | 2.45e+03 | 2.45e+03 | 24500000000.00 |
| GPT2 | PYR.m ↔︎ ALA | 1.00e-07 | 0.00e+00 | 5.65e-02 | 1.00e-07 | 0.00e+00 | 1.20e-05 |  |
| Pentose phosphate pathway | TK1 | P5P + P5P ↔︎ S7P + GAP | 1.28e+06 | 9.01e+03 | Inf | 1.00e+07 | -Inf | Inf |  |
| TA | S7P + GAP ↔︎ F6P + E4P | 8.89e+00 | 8.88e+00 | 9.53e+00 | 5.10e+01 | 5.10e+01 | 5.10e+01 | 5.74 |
| TK2 | P5P + E4P ↔︎ F6P + GAP | 6.93e+00 | 5.12e+00 | 6.98e+00 | 1.00e-07 | 0.00e+00 | 1.56e-04 | 0.00 |
| Anaplerosis | GLDH | GLU ↔︎ AKG | 5.63e+03 | 4.43e+03 | 5.66e+03 | 1.42e+03 | 1.42e+03 | 1.42e+03 | 0.25 |
| GLS | GLN ↔︎ GLU | 1.27e+00 | 1.20e+00 | 1.50e+00 | 5.52e-01 | 5.51e-01 | 5.55e-01 | 0.43 |
| Tricarboxylic acid cycle | IDH | CIT ↔︎ AKG + CO2 | 3.36e+00 | 3.24e+00 | 3.92e+00 | 4.66e+00 | 4.66e+00 | 4.66e+00 | 1.39 |
| SDH | SUC ↔︎ FUM | 4.30e+02 | 4.30e+02 | 1.46e+06 | 1.04e+04 | 1.04e+04 | 1.04e+04 |  |
| FH | FUM ↔︎ MAL | 7.29e+06 | -Inf | Inf | 4.56e+06 | 4.56e+06 | 4.56e+06 |  |
| MDH | MAL ↔︎ OAC | 5.49e+02 | 5.47e+02 | 5.49e+02 | 1.00e-07 | 0.00e+00 | 6.30e-03 | 0.00 |
| GOT | OAC ↔︎ ASP | 1.04e+02 | 1.04e+02 | 1.04e+02 | 4.76e+05 | 4.76e+05 | 4.76e+05 | 4576.92 |
| Amino acid metabolism | SHT | SER ↔︎ GLY + MEETHF | 1.39e+00 | 1.37e+00 | 1.41e+00 | 1.86e+03 | 1.86e+03 | 1.86e+03 | 1338.13 |
| CYST | SER ↔︎ CYS | 1.25e-07 | 0.00e+00 | 4.22e-02 | 1.33e-01 | 1.33e-01 | 1.33e-01 | 1064000.00 |
| a SSR 393.5 [311.2-416.6] (95% CI, 362 DOF) | | | | | | | | | | |
| b SSR 392.4 [308.4-413.4] (95% CI, 359 DOF) | | | | | | | | | | |

Table 3: PASMC fluxes in 21% and 0.5% oxygen

|  | | | | **21%a** | | | **0.5%b** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Pathway** | **ID** | **Reaction** | **Flux** | **LB** | **UB** | **Flux** | **LB** | **UB** | **Ratio** |
| NET | Transport | GLUT | GLC.x → GLC | 4.28e+02 | 4.28e+02 | 4.28e+02 | 3.65e+02 | 3.65e+02 | 3.65e+02 | 0.85 |
| PYRR | PYR.x → PYR.c | 1.04e+02 | 1.02e+02 | 1.09e+02 | 4.53e+01 | 4.31e+01 | 4.57e+01 | 0.44 |
| MCT | LAC ↔︎ LAC.x | 8.01e+02 | 8.01e+02 | 8.04e+02 | 6.49e+02 | 6.49e+02 | 6.49e+02 | 0.81 |
| ALAR | ALA → ALA.x | 1.43e+01 | 1.43e+01 | 1.46e+01 | 7.83e+00 | 7.83e+00 | 8.24e+00 | 0.55 |
| GLNR | GLN.x → GLN | 7.73e+01 | 7.53e+01 | 7.73e+01 | 1.77e+02 | 1.77e+02 | 1.77e+02 | 2.29 |
| GLUR | GLU ↔︎ GLU.x | 2.53e+01 | 2.52e+01 | 2.54e+01 | 1.19e+01 | 1.19e+01 | 1.22e+01 | 0.47 |
| ASPR | ASP → ASP.x | 7.01e+00 | 6.99e+00 | 7.02e+00 | 6.92e+00 | 6.84e+00 | 7.00e+00 |  |
| SERR | SER.x → SER | 2.54e+00 | 2.48e+00 | 2.55e+00 | 2.57e+00 | 2.55e+00 | 2.57e+00 | 1.01 |
| CYSR | CYX.x → CYS + CYS | 6.39e+00 | 6.34e+00 | 6.45e+00 | 3.75e+00 | 3.75e+00 | 3.75e+00 | 0.59 |
| GLYR | GLY → GLY.x | 3.66e-01 | 3.03e-01 | 4.19e-01 | 4.06e-01 | 3.86e-01 | 4.25e-01 |  |
| Glycolysis | HK | GLC → G6P | 4.28e+02 | 4.28e+02 | 4.28e+02 | 3.65e+02 | 3.65e+02 | 3.65e+02 | 0.85 |
| PGI | G6P ↔︎ F6P | 4.06e+02 | 4.06e+02 | 4.07e+02 | 3.62e+02 | 3.62e+02 | 3.63e+02 | 0.89 |
| PFK | F6P → FBP | 4.17e+02 | 4.17e+02 | 4.18e+02 | 3.61e+02 | 3.60e+02 | 3.61e+02 | 0.87 |
| ALDO | FBP ↔︎ DHAP + GAP | 4.17e+02 | 4.17e+02 | 4.18e+02 | 3.61e+02 | 3.60e+02 | 3.61e+02 | 0.87 |
| TPI | DHAP ↔︎ GAP | 4.16e+02 | 4.16e+02 | 4.16e+02 | 3.60e+02 | 3.60e+02 | 3.60e+02 | 0.87 |
| GAPDH | GAP ↔︎ 3PG | 8.39e+02 | 8.39e+02 | 8.41e+02 | 7.21e+02 | 7.21e+02 | 7.21e+02 | 0.86 |
| ENO | 3PG → PEP | 8.36e+02 | 8.35e+02 | 8.53e+02 | 7.20e+02 | 7.20e+02 | 7.20e+02 | 0.86 |
| PK | PEP → PYR.c | 9.31e+02 | 9.30e+02 | 9.31e+02 | 9.24e+02 | 9.24e+02 | 9.24e+02 | 0.99 |
| LDH | PYR.c ↔︎ LAC | 8.01e+02 | 8.01e+02 | 8.04e+02 | 6.49e+02 | 6.49e+02 | 6.49e+02 | 0.81 |
| GPT1 | PYR.c ↔︎ ALA | 1.64e+02 | 1.62e+02 | 1.92e+02 | -1.36e+01 | -1.39e+01 | -1.35e+01 | -0.08 |
| GPT2 | PYR.m ↔︎ ALA | -1.43e+02 | -1.43e+02 | -1.42e+02 | 2.62e+01 | 2.51e+01 | 2.65e+01 | -0.18 |
| Pentose phosphate pathway | G6PD | G6P → P5P + CO2 | 1.89e+01 | 1.57e+01 | 1.93e+01 | 1.16e-07 | 0.00e+00 | 1.10e-03 | 0.00 |
| TK1 | P5P + P5P ↔︎ S7P + GAP | 5.46e+00 | 4.44e+00 | 5.96e+00 | -6.15e-01 | -6.15e-01 | -5.77e-01 | -0.11 |
| TA | S7P + GAP ↔︎ F6P + E4P | 5.46e+00 | 4.44e+00 | 5.96e+00 | -6.15e-01 | -6.15e-01 | -5.77e-01 | -0.11 |
| TK2 | P5P + E4P ↔︎ F6P + GAP | 5.46e+00 | 4.44e+00 | 5.96e+00 | -6.15e-01 | -6.15e-01 | -5.77e-01 | -0.11 |
| Anaplerosis | PYRT | PYR.c → PYR.m | 7.60e+01 | 7.59e+01 | 7.66e+01 | 3.36e+02 | 3.36e+02 | 3.36e+02 | 4.42 |
| PC | PYR.m + CO2 → OAC | 6.30e+01 | 6.29e+01 | 6.59e+01 | 2.37e+02 | 2.36e+02 | 2.37e+02 | 3.76 |
| PEPCK | OAC → PEP + CO2 | 9.51e+01 | 9.51e+01 | 9.53e+01 | 2.03e+02 | 2.03e+02 | 2.04e+02 | 2.14 |
| ME2 | MAL → PYR.m + CO2 | 1.20e-03 | 0.00e+00 | 5.20e-03 | 1.82e+02 | 1.81e+02 | 1.82e+02 | 151517.08 |
| ME1 | MAL → PYR.c + CO2 | 3.29e-05 | 0.00e+00 | 1.15e+00 | 5.91e-05 | 0.00e+00 | 8.06e-02 |  |
| FAO | FAO → AcCoA.m | 1.00e-07 | 0.00e+00 | 1.32e-02 | 1.15e-04 | 0.00e+00 | 1.56e-01 |  |
| GLDH | GLU ↔︎ AKG | 4.43e+01 | 4.42e+01 | 4.45e+01 | 1.59e+02 | 1.59e+02 | 1.59e+02 | 3.60 |
| GLS | GLN ↔︎ GLU | 7.38e+01 | 7.36e+01 | 7.38e+01 | 1.74e+02 | 1.74e+02 | 1.74e+02 | 2.36 |
| Tricarboxylic acid cycle | PDH | PYR.m → AcCoA.m + CO2 | 1.56e+02 | 1.48e+02 | 1.66e+02 | 2.55e+02 | 2.55e+02 | 2.55e+02 | 1.63 |
| CS | AcCoA.m + OAC → CIT | 1.56e+02 | 1.56e+02 | 1.58e+02 | 2.55e+02 | 2.55e+02 | 2.55e+02 | 1.63 |
| IDH | CIT ↔︎ AKG + CO2 | 2.11e+01 | 2.10e+01 | 2.11e+01 | 2.16e+01 | 2.16e+01 | 2.16e+01 | 1.03 |
| OGDH | AKG → SUC + CO2 | 6.54e+01 | 6.51e+01 | 6.59e+01 | 1.81e+02 | 1.80e+02 | 1.81e+02 | 2.77 |
| SDH | SUC ↔︎ FUM | 6.54e+01 | 6.51e+01 | 6.59e+01 | 1.81e+02 | 1.80e+02 | 1.81e+02 | 2.77 |
| FH | FUM ↔︎ MAL | 6.54e+01 | 6.51e+01 | 6.59e+01 | 1.81e+02 | 1.80e+02 | 1.81e+02 | 2.77 |
| MDH | MAL ↔︎ OAC | 2.01e+02 | 2.01e+02 | 2.01e+02 | 2.32e+02 | 2.32e+02 | 2.33e+02 | 1.16 |
| GOT | OAC ↔︎ ASP | 1.22e+01 | 1.17e+01 | 1.24e+01 | 1.07e+01 | 1.06e+01 | 1.07e+01 | 0.87 |
| Amino acid metabolism | PST | 3PG → SER | 2.69e+00 | 2.57e+00 | 2.80e+00 | 7.12e-01 | 7.01e-01 | 7.21e-01 | 0.26 |
| SHT | SER ↔︎ GLY + MEETHF | 5.19e+00 | 5.15e+00 | 5.20e+00 | 3.82e+00 | 3.81e+00 | 3.86e+00 | 0.74 |
| CYST | SER ↔︎ CYS | -1.12e+01 | -1.17e+01 | -1.11e+01 | -6.35e+00 | -6.35e+00 | -6.35e+00 | 0.57 |
| SD | SER → PYR.c | 6.39e+00 | 6.23e+00 | 6.44e+00 | 2.33e+00 | 2.33e+00 | 2.33e+00 | 0.36 |
| GLYS | CO2 + MEETHF → GLY | 2.39e+00 | 2.36e+00 | 2.42e+00 | 1.80e+00 | 1.79e+00 | 1.81e+00 | 0.75 |
| Biomass | BIOMASS | 978\*AcCoA.c + 237.8\*ALA + 187\*ASP + 92.3\*CO2 + 57.46\*CYS + 45.97\*DHAP + 114.5\*G6P + 127.6\*GLN + 153\*GLU + 260.8\*GLY + 101.1\*MEETHF + 92.3\*P5P + 174.8\*SER → biomass | 2.77e-02 | 2.70e-02 | 2.79e-02 | 2.00e-02 | 2.00e-02 | 2.00e-02 | 0.72 |
| ACL | CIT → AcCoA.c + MAL | 1.35e+02 | 1.34e+02 | 1.38e+02 | 2.33e+02 | 2.33e+02 | 2.33e+02 | 1.72 |
| LIPS | AcCoA.c → lipid | 1.08e+02 | 9.99e+01 | 1.08e+02 | 2.14e+02 | 2.14e+02 | 2.14e+02 | 1.98 |
| Mixing | cPYR | 0\*PYR.c → PYR.ms | 5.77e-01 | 5.64e-01 | 5.92e-01 | 1.00e+00 | 9.96e-01 | 1.00e+00 | 1.73 |
| mPYR | 0\*PYR.m → PYR.ms | 4.23e-01 | 4.08e-01 | 4.36e-01 | 1.00e-07 | 0.00e+00 | 4.40e-03 | 0.00 |
| sPYR | PYR.ms → PYR.fix | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 | 1.00e+00 |  |
| EXCH | Transport | MCT | LAC ↔︎ LAC.x | 1.00e-07 | 0.00e+00 | 1.36e+02 | 1.64e+03 | 1.63e+03 | 1.65e+03 | 16400000000.00 |
| GLUR | GLU ↔︎ GLU.x | 1.00e-07 | 0.00e+00 | 2.27e-02 | 5.69e-05 | 0.00e+00 | 1.71e-02 |  |
| Glycolysis | PGI | G6P ↔︎ F6P | 4.88e+06 | 4.88e+06 | Inf | 9.92e+06 | 9.85e+04 | Inf |  |
| ALDO | FBP ↔︎ DHAP + GAP | 2.89e+02 | 2.80e+02 | 2.89e+02 | 2.57e+02 | 2.56e+02 | 2.57e+02 | 0.89 |
| TPI | DHAP ↔︎ GAP | 9.86e+06 | -Inf | Inf | 1.65e+03 | 1.63e+03 | 1.68e+03 |  |
| GAPDH | GAP ↔︎ 3PG | 1.12e+03 | 0.00e+00 | 5.88e+05 | 1.00e-07 | 0.00e+00 | 2.27e-01 |  |
| LDH | PYR.c ↔︎ LAC | 1.47e+03 | 1.39e+03 | 1.47e+03 | 4.49e+02 | 4.49e+02 | 4.49e+02 | 0.31 |
| GPT1 | PYR.c ↔︎ ALA | 2.74e+02 | 2.73e+02 | 2.77e+02 | 1.00e-07 | 0.00e+00 | 4.28e-02 | 0.00 |
| GPT2 | PYR.m ↔︎ ALA | 1.38e+02 | 1.38e+02 | 1.49e+02 | 9.64e+01 | 0.00e+00 | 1.01e+02 | 0.70 |
| Pentose phosphate pathway | TK1 | P5P + P5P ↔︎ S7P + GAP | 7.99e+02 | 7.97e+02 | 8.08e+02 | 3.54e+01 | 3.54e+01 | 3.55e+01 | 0.04 |
| TA | S7P + GAP ↔︎ F6P + E4P | 1.53e-01 | 0.00e+00 | 5.82e-01 | 2.55e+00 | 2.54e+00 | 2.57e+00 | 16.67 |
| TK2 | P5P + E4P ↔︎ F6P + GAP | 3.33e+00 | 2.62e+00 | 3.35e+00 | 1.29e+01 | 1.29e+01 | 1.29e+01 | 3.88 |
| Anaplerosis | GLDH | GLU ↔︎ AKG | 5.36e+02 | 5.34e+02 | 8.37e+02 | 1.23e+03 | 1.23e+03 | 1.23e+03 | 2.29 |
| GLS | GLN ↔︎ GLU | 3.20e-01 | 0.00e+00 | 2.74e+00 | 1.12e+00 | 1.07e+00 | 1.74e+00 |  |
| Tricarboxylic acid cycle | IDH | CIT ↔︎ AKG + CO2 | 1.04e+01 | 1.02e+01 | 1.04e+01 | 6.30e+01 | 6.30e+01 | 6.31e+01 | 6.09 |
| SDH | SUC ↔︎ FUM | 2.78e-01 | 0.00e+00 | Inf | 3.34e+06 | 3.34e+06 | 3.34e+06 |  |
| FH | FUM ↔︎ MAL | 1.03e-04 | 0.00e+00 | 1.58e+01 | 2.18e+02 | 2.18e+02 | 2.18e+02 | 2114238.83 |
| MDH | MAL ↔︎ OAC | 1.01e+03 | 8.27e+02 | 1.01e+03 | 3.67e+03 | 3.67e+03 | 3.69e+03 | 3.63 |
| GOT | OAC ↔︎ ASP | 2.27e+02 | 2.27e+02 | 2.47e+02 | 1.54e+01 | 1.54e+01 | 1.55e+01 | 0.07 |
| Amino acid metabolism | SHT | SER ↔︎ GLY + MEETHF | 3.55e+00 | 3.52e+00 | 3.59e+00 | 1.60e-01 | 1.36e-01 | 1.70e-01 | 0.05 |
| CYST | SER ↔︎ CYS | 1.04e+03 | 1.03e+03 | 1.04e+03 | 2.00e-03 | 0.00e+00 | 2.00e-03 | 0.00 |
| a SSR 575.6 [499.1-630.6] (95% CI, 563 DOF) | | | | | | | | | | |
| b SSR 521.3 [482.2-611.6] (95% CI, 545 DOF) | | | | | | | | | | |