

Janus kinase inhibitors in China: a bibliometric analysis of research trends (2017–2026)

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Abstract. This paper maps how Janus Kinase (JAK) inhibitor research in China developed between 2017 and 2026, examining its knowledge structure, the topics that drew attention, and the directions now emerging. JAK inhibitor publications with at least one Chinese affiliation were identified in the Web of Science Core Collection between January 2017 and August 2026. Screening yielded 390 articles. Keyword networks were built in VOSviewer, and the remaining analysis ran on a custom Python pipeline covering drugs, JAK subtypes, indications, keywords, institutions, provinces, journals, impact factors, article types, and research types. The findings show that output rose more than seven-fold, from 10 papers in 2017 to 71 by August 2026. Tofacitinib (80), baricitinib (51), and upadacitinib (50) drew the most attention, and JAK1-oriented work led the subtypes (235 publications, 60.3%). Rheumatoid arthritis (64), atopic dermatitis (48), and inflammatory bowel disease (46) were the most studied indications. Of the original articles, 87.6% were clinical. Beijing (113), Shanghai (92), and Zhejiang (69) published the most. Keywords in the last three years increasingly centred on efficacy, safety, real-world studies, upadacitinib, and atopic dermatitis. The paper concludes that Chinese JAK inhibitor research grew rapidly between 2017 and 2026, moving in step with a string of market approvals. The literature remains clinical in focus and geographically concentrated, and it is turning progressively toward dermatologic indications and real-world evidence.

Keywords: Janus kinase inhibitors, bibliometric analysis, China, research trends, VOSviewer

1. Introduction

Janus Kinases (JAKs) are intracellular tyrosine kinases that transmit signals from type I/II cytokine receptors into the cell through the JAK–Signal Transducer and Activator of Transcription (STAT) pathway [1]. Four family members exist: JAK1, JAK2, JAK3, and Tyrosine Kinase 2 (TYK2), each tied to its own set of cytokines and physiological functions [2]. When JAK–STAT signalling is dysregulated, numerous immune-mediated inflammatory diseases can follow, and few kinase families have been as successfully targeted with drugs as this one over the past two decades [3].

Tofacitinib, the first-generation JAK inhibitor, blocks JAK1 and JAK3, with some additional activity against JAK2. The US FDA approved it for Rheumatoid Arthritis (RA) in 2012, and it reached the Chinese market in 2017 [4, 5]. Baricitinib, a JAK1/JAK2 inhibitor, was approved in China in 2019; it extended treatment to moderate-to-severe active RA and, later, to Alopecia Areata (AA) [6, 7]. Ruxolitinib, meanwhile,

carved out the myeloproliferative neoplasm niche [8]. Because the first-generation agents hit more than one JAK family member, their safety margins are comparatively narrow. In the ORAL Surveillance trial, tofacitinib produced higher rates of major adverse cardiovascular events, malignancy, venous thromboembolism, serious infections, and all-cause mortality than TNF inhibitors [9], prompting class-wide regulatory warnings and precautionary restrictions on prescribing in older patients and in those with cardiovascular or malignancy risk [10]¹. These safety concerns limited how widely the first-generation drugs were used and pushed development toward subtype-selective inhibitors [2].

The next wave of agents was developed with greater subtype selectivity. Upadacitinib, abrocitinib, and the TYK2 inhibitor deucravacitinib progressively broadened coverage across rheumatologic, dermatologic, and gastrointestinal indications [3, 11-13], largely sidestepping the class-safety problems of the earlier generation. China has also begun to produce its own JAK inhibitors. Ivarmacitinib, golidocitinib, and aimatinib were approved domestically in 2024-2025, and several have since entered the *National Reimbursement Drug List*. The country is thus moving from a follower market into an active participant in innovation [14-16].

Against this background, the volume of Chinese JAK inhibitor literature has grown quickly, yet no systematic, quantitative account of the field exists. Bibliometric studies have appeared for individual indications such as ulcerative colitis and atopic dermatitis [17, 18], but none has covered the whole drug class within China. A quantitative overview not tied to any one disease would help researchers, clinicians, and policymakers see which drugs, subtypes, and indications dominate the domestic literature, how output is spread across institutions and provinces, and where the newest three years of research are heading.

In this study, 390 publications on JAK inhibitors with Chinese affiliations, retrieved from the Web of Science Core Collection (WoSCC) for 2017–2026, were analysed. VOSviewer supplied the network visualisation, and a custom Python pipeline provided the quantitative analysis [19, 20]. Together, they cover publication trends, drugs, JAK subtypes, indications, keywords, institutions, journals, impact factors, provincial geography, article types, and the clinical–basic research balance, building a knowledge map of the field and identifying its future direction.

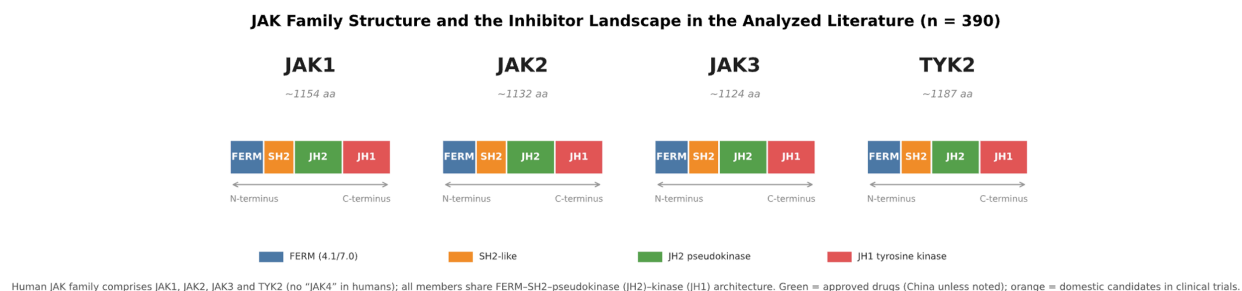


Figure 1. Domain structure of the JAK family (JAK1, JAK2, JAK3, TYK2) with approved (green) and investigational (orange) inhibitors annotated

Before presenting the quantitative analyses, Figure 1 consolidates the pharmacological scope. The upper panel maps the four JAK family members (JAK1, JAK2, JAK3, TYK2) and marks which approved (green) and investigational (orange) inhibitors target each one. The 11 principal inhibitors are summarised in Table 1,

¹ European Medicines Agency. Janus Kinase inhibitors (JAKi) — Referral: new measures to minimise the risk of serious side effects [EB/OL]. (2023) [2026-09-14]. <https://www.ema.europa.eu/en/medicines/human/referrals/janus-kinase-inhibitors-jaki>.

which lists for each agent the publication count and share, core indications, principal risks, and development status, grouped by target subtype. In Table 1, domestic agents are marked in red.

Table 1. Integrated profile of the principal JAK inhibitors in the analysed literature ($n = 390$)

Drug (grouped by target)	Target / selectivity	Status	Pubs, n (%)	Core indications	Major risks	Development in China
Upadacitinib	JAK1	Approved	50 (12.8%)	RA, PsA, AS, AD, UC, IBD	Infections, MACE, VTE, cancer	Imported (AbbVie)
Abrocitinib	JAK1	Approved	24 (6.2%)	AD	Infections, MACE, VTE, cancer	Imported (Pfizer)
Ivarmacitinib (SHR0302)	JAK1	Approved 2024–25	12 (3.1%)	AS, RA, AD, AA, nr-axSpA	Infections; low cytopenia (JAK2/3-sparing)	Domestic (Hengrui); NRDL 2026
Filgotinib	JAK1	Approved (overseas)	2 (0.5%)	RA	Infections, VTE, MACE	Not marketed in China
Golidocitinib	JAK1	Approved 2024	1 (0.3%)	r/r PTCL	Infections, cytopenias	Domestic (Dizal); NRDL 2025
Baricitinib	JAK1/2	Approved	51 (13.1%)	RA, AA, AD; COVID-19 (EUA)	HZ, TB, VTE, MACE, dyslipidemia	Imported (Lilly/Incyte)
Ruxolitinib	JAK1/2	Approved	38 (9.7%)	MF, PV, GVHD	Anemia, thrombocytopenia, infections	Imported (Novartis)
Pacritinib	JAK2/IRAK1	Approved (overseas)	1 (0.3%)	MF w/ thrombocytopenia	Infections, cytopenias	Not marketed in China
Tofacitinib	JAK1/3	Approved	80 (20.5%)	RA, PsA, UC, AS	HZ, infections, MACE, VTE, cancer	Imported (Pfizer); generics
Ritlecitinib	JAK3/TEC	Approved	9 (2.3%)	AA (≥ 12 y)	Infections, HZ, CK $\uparrow$, LFT $\uparrow$	Imported (Pfizer)
Deucravacitinib	TYK2 (allosteric)	Approved	10 (2.6%)	PsO	URI, folliculitis; no class boxed warning	Imported (BMS)

EUA = Emergency Use Authorization; HZ = Herpes Zoster; MACE = Major Adverse Cardiovascular Events; VTE = Venous Thromboembolism; r/r PTCL = relapsed/refractory Peripheral T-Cell Lymphoma; NRDL = National Reimbursement Drug List. Publication counts are text-mined from titles/abstracts; a publication studying several drugs is counted for each.

2. Methods

The study ran in two stages. Publications were first retrieved and screened from the Web of Science Core Collection; the curated dataset then underwent quantitative and network analyses, described in the sections that follow.

2.1. Data collection

The data came from the WoSCC—Science Citation Index Expanded. On 31 August 2026, a structured search joining JAK inhibitor terms with China-related terms was run; Table 2 lists the full strategy. Records were downloaded in "Full Record and Cited References" plain-text form and parsed into a dataframe. Each record carried the title, abstract, keywords, publication date, journal, authors, addresses, document type, and citation count.

Table 2. Search strategy used for the web of science core collection

Item	Specification
Database	Web of Science Core Collection (Science Citation Index Expanded)
Search string	TS = (China OR Chinese) AND TS = (JAK inhibitor OR tofacitinib OR baricitinib OR upadacitinib OR ruxolitinib OR abrocitinib OR filgotinib OR fedratinib OR pacritinib OR momelotinib OR ritlecitinib OR deucravacitinib OR SHR0302 OR ivarmacitinib OR jaktinib OR rovadacitinib OR gecacitinib OR KL130008 OR CS12192 OR TUL01101 OR H018)
Time span	January 1, 2017 to August 31, 2026

2.2. Bibliometric analysis

Address strings were standardised to harmonise institution synonyms, so that entries such as "Chinese Acad Med Sci & Peking Union Med Coll" and "Chinese Acad Med Sci" were kept distinct in the ranking, although this was noted as a limitation. Drug and subtype mentions were pulled from titles and abstracts through curated regular-expression libraries covering 15 JAK inhibitors, including both generic names and development codes. Since one publication can name several drugs, drug-level counts can overlap.

Subtype assignment was pharmacological rather than literal: a paper counted towards every subtype targeted by any inhibitor it mentioned (tofacitinib to JAK1 and JAK3; baricitinib and ruxolitinib to JAK1 and JAK2; deucravacitinib to TYK2).

Indications were recognised by matching titles and abstracts to a validated pattern library of disease terms. Papers that matched no disease were grouped as basic or mechanistic research. Where a publication listed authors from more than one province, each province was credited once.

Keyword networks were assembled in VOSviewer from author keywords and title/abstract terms [20]; Figure 7(a) shows the full network and Figure 7(b) presents the 2024–2026 core terms. Institutional co-authorship links were taken from the reprint-address field and mapped in VOSviewer (Figure 9).

Journal impact factors (2023 JCR approximations) were gathered manually for 65 core journals accounting for 217 of the 390 publications (55.6%). All remaining analyses and figures were generated through a custom Python pipeline (pandas and matplotlib). Figure 2 shows the screening and selection process in PRISMA-style format.

3. Results

3.1. Study selection

The WoSCC search produced 419 records. Screening by title, abstract, and full text removed 29 records that were unrelated to JAK inhibitor research in humans; most were plant or agricultural papers caught by generic abbreviations and cross-matched development codes. This left 390 publications in the final analysis (Figure 2).

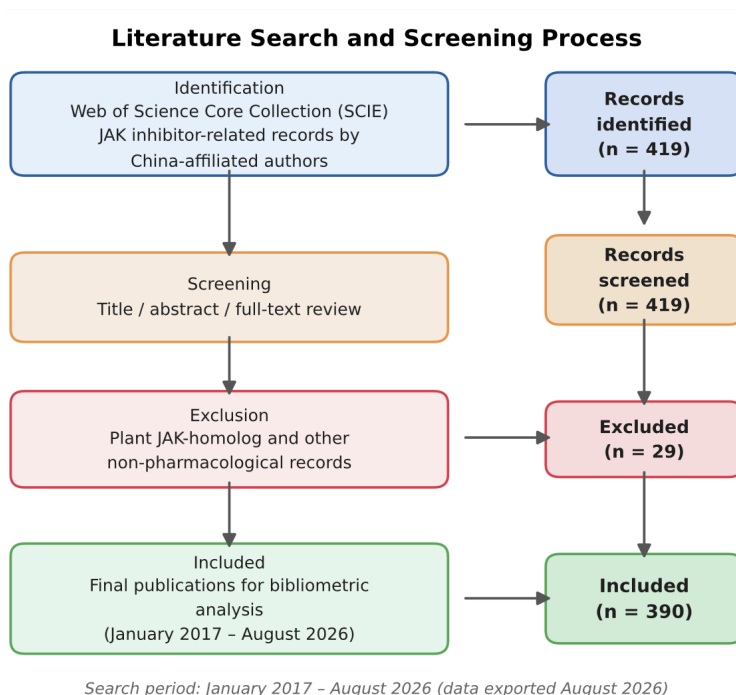


Figure 2. Workflow of the data collection and screening process. Of 419 records initially retrieved, 29 were excluded (predominantly plant-related literature), yielding 390 publications for inclusion

3.2. General characteristics of the included publications

The 390 publications came from 2,415 authors at 441 institutions and appeared in 204 journals. Article type and geographic coverage are set out in the Article Types and Provincial Distribution sections (Figure 12 and Figure 11, respectively).

3.3. Annual publication trend

Yearly output climbed in four recognisable phases (Figure 3). From 2017 to 2019 it sat at 9–10 publications a year, reflecting the early domestic availability of tofacitinib. Output increased in 2020 (27 publications), once baricitinib had been approved in China for RA in 2019.

Growth continued through 2021 (39) and 2022 (41). Those years coincided with China's 2022–2023 approvals of upadacitinib and its rapid uptake across RA, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis, and atopic dermatitis.

Output then rose sharply: 61 publications in 2023, 47 in 2024, 76 in 2025, and 71 already recorded through August 2026, with the annual total likely to exceed 100. The curve mirrors the wave of approvals for domestically developed agents in 2024–2026 and the inclusion of baricitinib, upadacitinib, and aimatinib on the *National Reimbursement Drug List*.

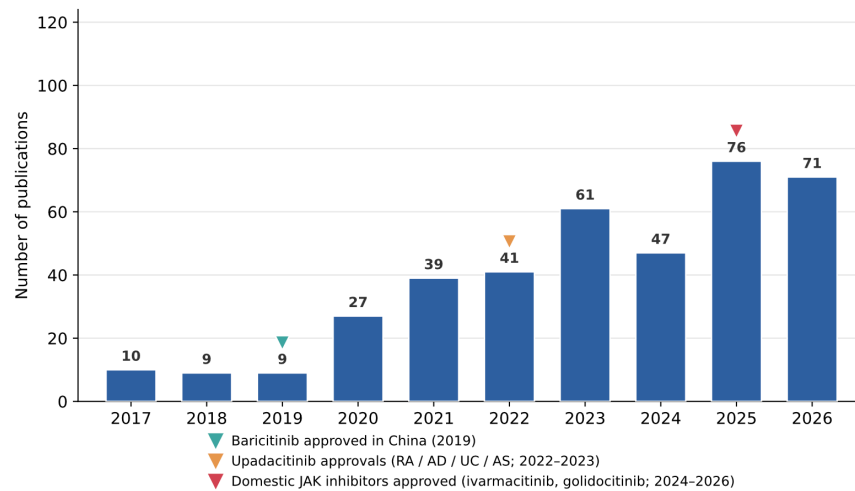


Figure 3. Annual publication trend, 2017–2026, with milestone events annotated (baricitinib approval 2019; upadacitinib expansion 2022–2023; domestic agent approvals 2024–2026). Data for 2026 cover January 1–August 31

3.4. Drug analysis

Among the 15 inhibitors tracked, tofacitinib led the literature with 80 publications (Figure 4). Baricitinib (51), upadacitinib (50), ruxolitinib (38), and abrocitinib (24) followed. A second tier comprised the domestically developed ivarmacitinib (12 publications), the TYK2 inhibitor deucravacitinib (10), and then ritlecitinib (9), filgotinib (2), and delgocitinib (2).

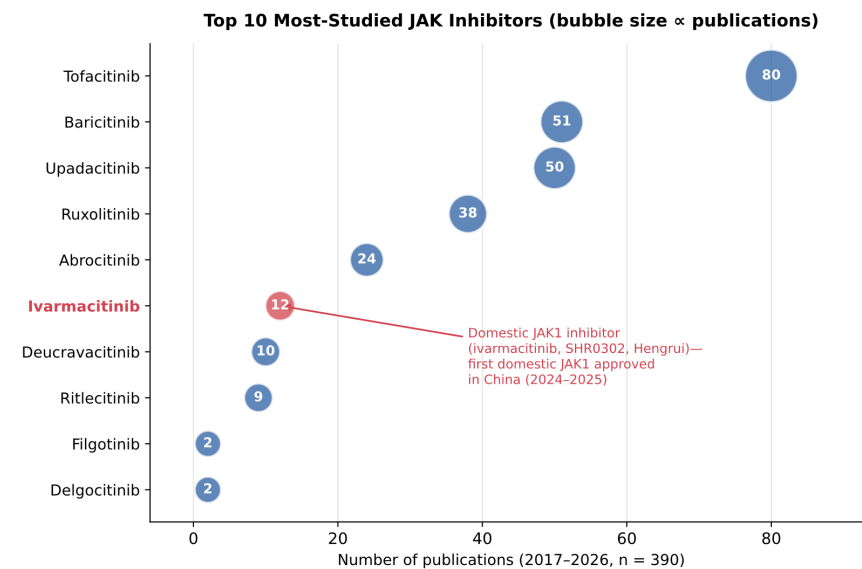


Figure 4. Top 10 drugs by publication volume. Bubble size is proportional to publication count; domestic agents highlighted in red

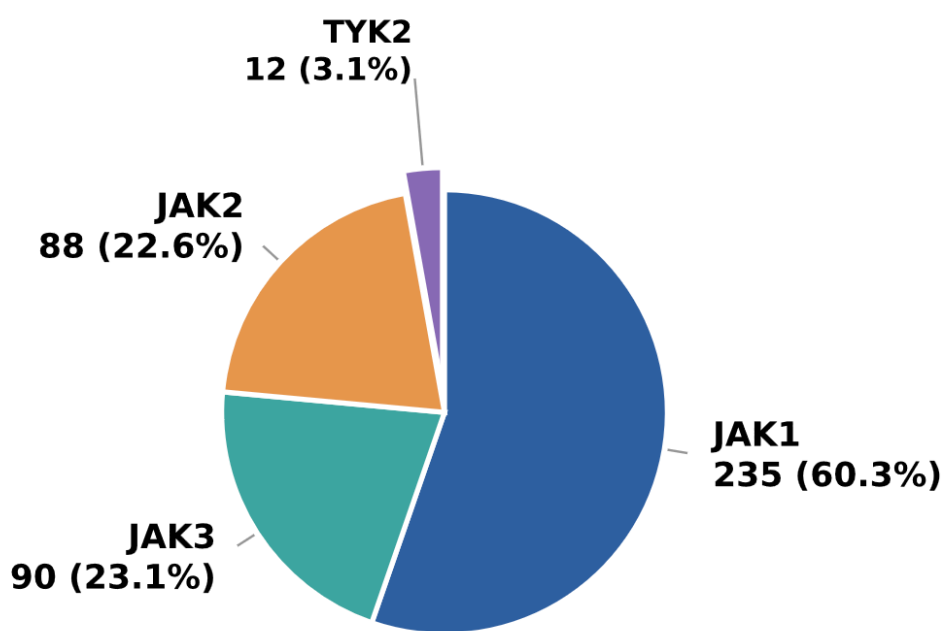
In the bubble chart, the two domestic agents are coloured red: ivarmacitinib, approved in China for atopic dermatitis, and golidocitinib, the first domestic JAK1 inhibitor approved for relapsed or refractory peripheral

T-cell lymphoma. Their presence illustrates the growing share of locally developed drugs in the research landscape.

3.5. JAK subtype distribution

Assigned by pharmacological target, JAK1 led with 235 publications (60.3%), ahead of JAK3 (90, 23.1%), JAK2 (88, 22.6%), and TYK2 (12, 3.1%) (Figure 5). The JAK1 lead reflects its role as the shared target of both first-generation agents (tofacitinib, baricitinib, ruxolitinib) and newer selective inhibitors (upadacitinib, abrocitinib, ivarmacitinib).

**Distribution of Publications by JAK Subtype Targeted
(drug-target based)**



Counts and percentages refer to the 390 included publications; a publication mentioning multiple subtypes is counted once per subtype, so the percentages sum to > 100%.

Figure 5. Distribution of JAK subtype-related publications. Percentages are relative to all 390 included publications; a publication mentioning inhibitors of multiple subtypes is counted once per subtype

3.6. Indication analysis

Rheumatoid arthritis was the single most-studied indication (64 publications), followed by atopic dermatitis (48), inflammatory bowel disease (46; pooling ulcerative colitis, Crohn's disease, and IBD not otherwise specified), and alopecia areata (20) (Figure 6). Dermatology as a whole accounted for close to 23% of the literature once atopic dermatitis, psoriasis (17), alopecia areata (20), vitiligo (6), and prurigo nodularis (1) were combined, underscoring the field's visible drift toward cutaneous immune diseases.

Hematologic malignancies contributed 47 publications: myelofibrosis (11), other hematologic malignancies (18), polycythemia vera (7), and graft-versus-host disease (11). Solid tumours accounted for a further 25. Ankylosing spondylitis (5), SLE (14), and adult-onset Still's disease (4) completed the autoimmune spectrum.

Pharmacokinetic/pharmacodynamic studies (42), pharmacoeconomic analyses (17), and non-disease mechanistic research (99) were grouped separately.

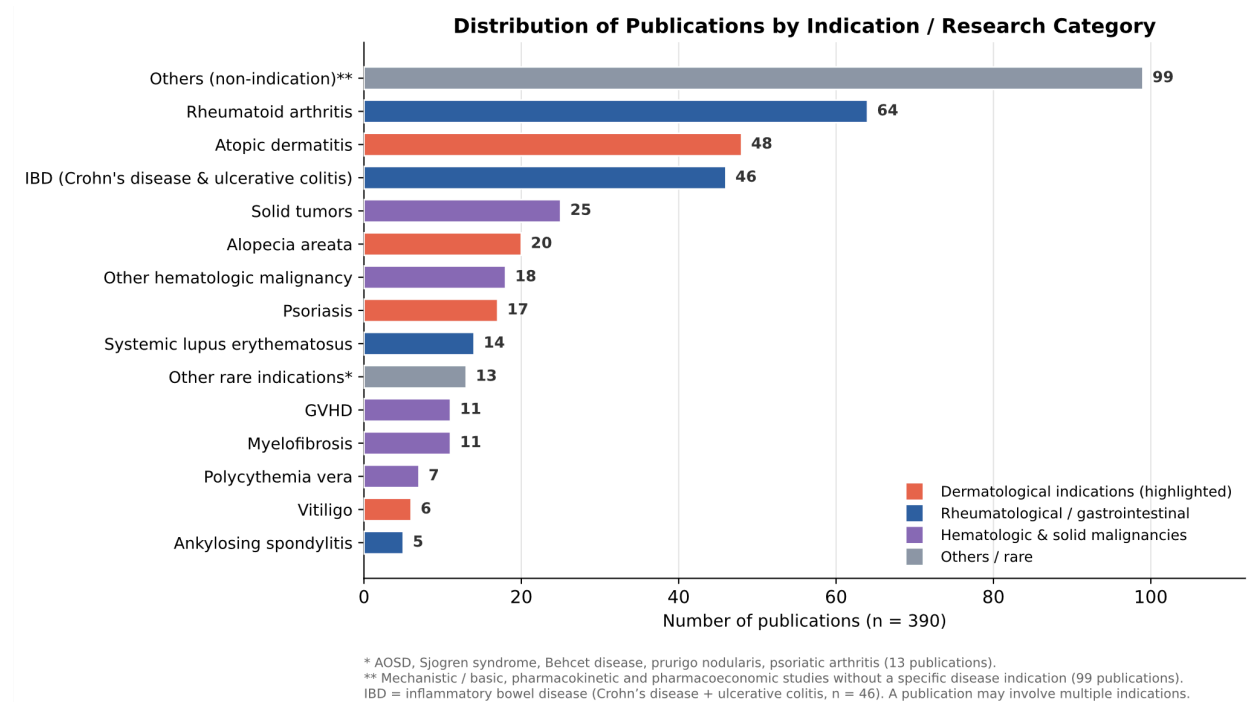


Figure 6. Indication distribution. Inflammatory bowel disease aggregates Crohn's disease, ulcerative colitis, and IBD not otherwise specified; dermatologic indications are highlighted. Basic/mechanistic, pharmacokinetic, and pharmacoeconomic studies are grouped separately

3.7. Keyword analysis

The full keyword co-occurrence network (Figure 7a) separated the field into clusters built around inflammation and cytokine signalling, clinical trial design, and disease-specific themes. When core terms were counted over the most recent three years (2024–2026; Figure 7(b)), efficacy (97 mentions) and safety (85) dominated, followed by real-world study (42), tofacitinib (40), upadacitinib (39), and atopic dermatitis (36).

Alopecia areata (17), Crohn's disease (14), and ulcerative colitis (12) occupied a middle tier, while deucravacitinib (8), ritilecitinib (8), and ivarmacitinib (6) tracked the most recent market entrants. The prominence of real-world study among methodological keywords suggests the evidence base is moving away from registration trials toward evidence generated in routine clinical practice.

Keyword Co-occurrence Network of the 390 Included Publications

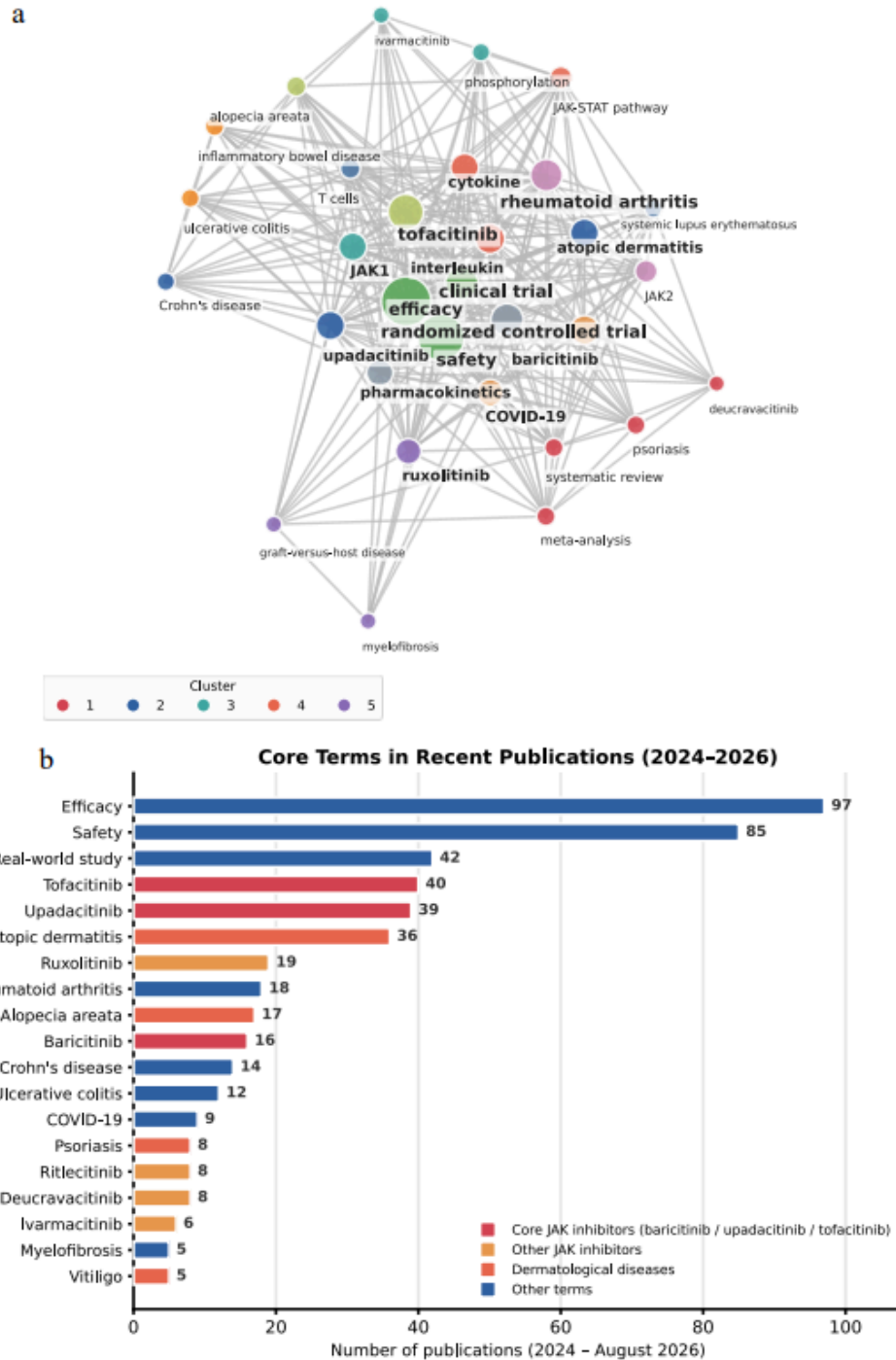


Figure 7. Keyword analysis of the 390 included publications: (a) keyword co-occurrence network, redrawn from the VOSviewer layout, with node colour denoting cluster and node size/label denoting term weight; (b) core research keywords of 2024–2026

3.8. Institutional analysis

By publication count, the top 10 institutions were Zhejiang University (44), Shanghai Jiao Tong University (30), Central South University (30), Sichuan University (28), Chinese Academy of Medical Sciences & Peking Union Medical College (26), Peking University (24), Fudan University (23), Soochow University (21), Chinese Academy of Medical Sciences (18), and Sun Yat-sen University (17) (Figure 8).

Every institution on this list is a comprehensive university or medical academy with affiliated tertiary hospitals. Multinational pharmaceutical companies such as Pfizer, which once ranked near the top, no longer appear; all ten positions are now held by Chinese academic institutions.

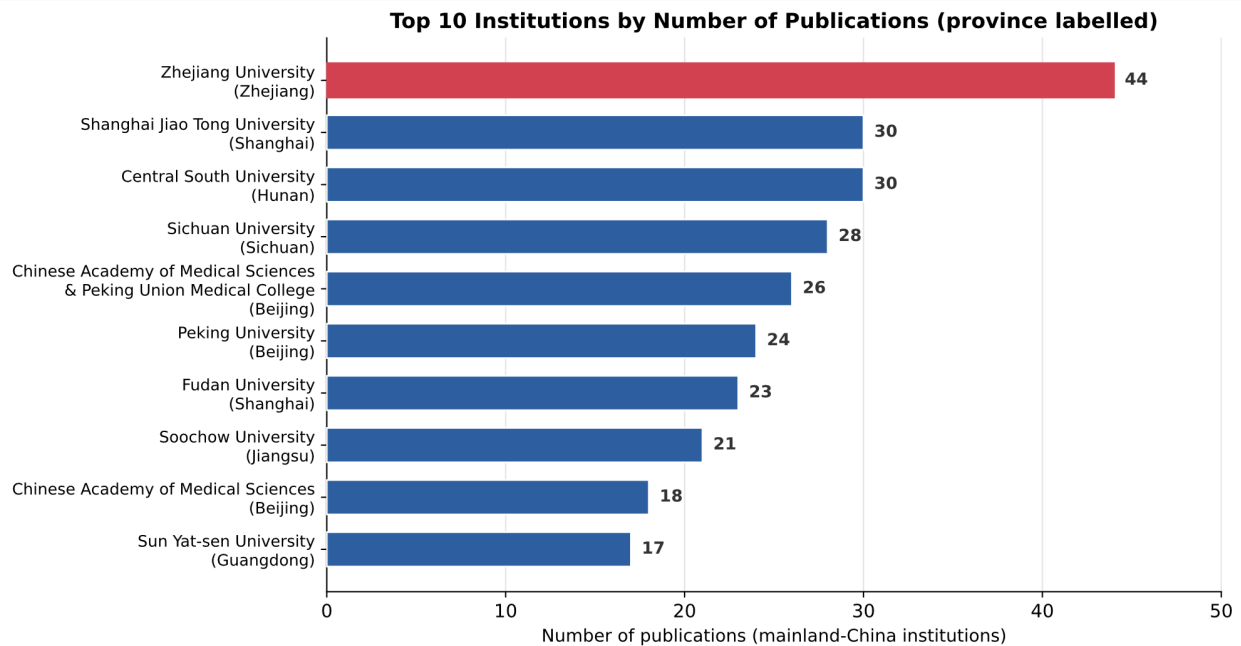


Figure 8. Top 10 institutions by publication volume, with province labels

VOSviewer co-authorship mapping placed the 28 most productive institutions in a densely linked network (Figure 9). Zhejiang University, the most prolific overall (44 publications), sat at the hub, tied most closely to Shanghai Jiao Tong University (nine joint papers), China Medical University (eight), and, with either seven or six, Fudan, Central South, Peking, Capital Medical, Soochow, Sun Yat-sen, and Wenzhou Medical universities. Geography shaped the picture: institutions along the Yangtze River Delta (Zhejiang, Shanghai Jiao Tong, Fudan, Soochow, and Wenzhou Medical) formed the tightest cluster, while Central South, Sichuan, and Sun Yat-sen universities bridged central and southern China.

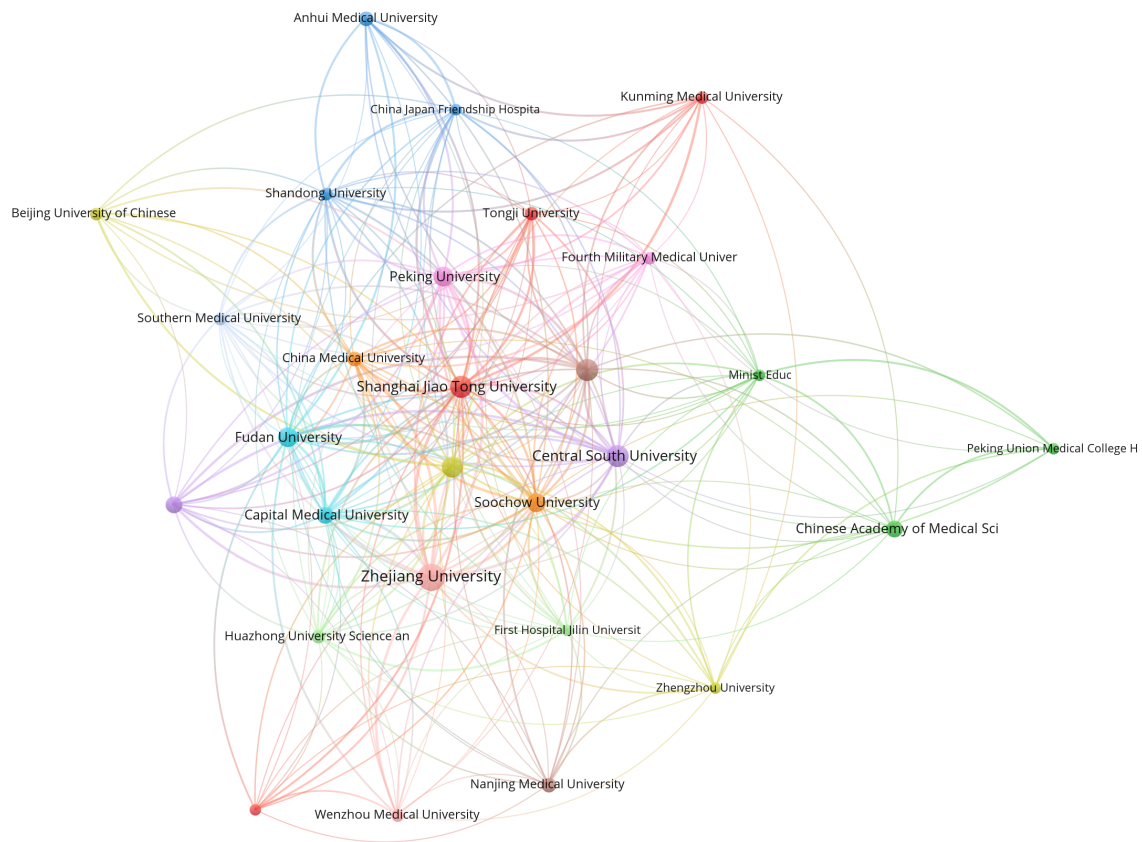


Figure 9. Institutional co-authorship network of the included Chinese publications generated in VOSviewer (28 institutions with at least eight publications). Node size reflects publication output, line presence/thickness reflects co-authorship strength, and colours denote VOSviewer clusters

3.9. Journal and impact factor analysis

The 390 publications were spread across 204 journals. *Frontiers in Immunology* (18) and *Frontiers in Pharmacology* (18) led, followed by *Annals of the Rheumatic Diseases* (11), the *Journal of the American Academy of Dermatology* (9), *Frontiers in Medicine* (9), and *Medicine* (9) (Table 3).

For the 217 publications (55.6%) with curated 2023 JCR impact factors, the most common band was 3–6, with 96 papers (44.2%). The < 3 band held 40 papers (18.4%), the 6–10 band 40 (18.4%), the 10–20 band 24 (11.1%), and the > 20 band 17 (7.8%) (Figure 10).

High-impact (> 10) publications concentrated on real-world and pivotal-trial evidence in atopic dermatitis and alopecia areata, in journals such as *Annals of the Rheumatic Diseases*, the *Journal of the American Academy of Dermatology*, and *Blood*. In other words, the most visible outputs of the domestic literature are clinical studies of second-generation agents in dermatologic indications.

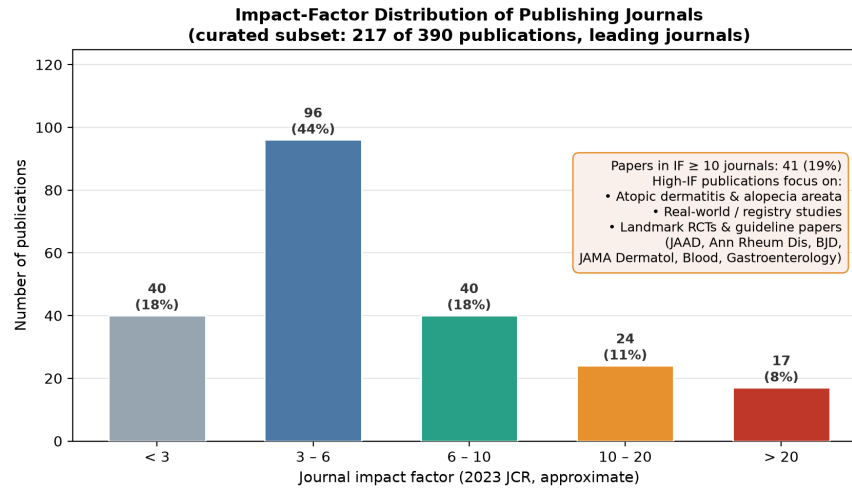


Figure 10. Impact-factor distribution of the 217 publications with curated approximate 2023 JCR impact factors

Table 3. Top 16 publishing journals with publication counts and approximate 2023 JCR impact factors

Journal	Publications, <i>n</i> (%)	2023 JCR IF (approx.)
<i>Frontiers in Immunology</i>	18 (4.6%)	7.3
<i>Frontiers in Pharmacology</i>	18 (4.6%)	5.6
<i>Annals of the Rheumatic Diseases</i>	11 (2.8%)	20.3
<i>Journal of the American Academy of Dermatology</i>	9 (2.3%)	15.5
<i>Frontiers in Medicine</i>	9 (2.3%)	3.1
<i>Medicine</i>	9 (2.3%)	1.6
<i>Chinese Medical Journal</i>	8 (2.1%)	6.1
<i>Journal of Dermatology</i>	7 (1.8%)	3.0
<i>Clinical Rheumatology</i>	7 (1.8%)	3.0
<i>Clinical, Cosmetic and Investigational Dermatology</i>	6 (1.5%)	3.6
<i>Acta Pharmaceutica Sinica B</i>	6 (1.5%)	14.7
<i>International Immunopharmacology</i>	5 (1.3%)	4.9
<i>Dermatology and Therapy</i>	5 (1.3%)	2.9
<i>Journal of Crohn's & Colitis</i>	5 (1.3%)	8.6
<i>Journal of Cutaneous Medicine and Surgery</i>	4 (1.0%)	1.5
<i>Dermatitis</i>	4 (1.0%)	2.5

Note: IF = Impact Factor. Journal names as indexed in the Web of Science Core Collection.

3.10. Provincial distribution

Output across all 34 provincial-level administrative regions was heavily concentrated (Figure 11). Beijing (113 publications), Shanghai (92), Zhejiang (69), Jiangsu (62), Guangdong (48), Sichuan (42), and Hunan (40) formed the first tier, together accounting for more than 60% of the total output. Publication numbers broadly followed the distribution of tertiary medical centres and pharmaceutical industry clusters.

Taiwan (10), Hong Kong (8), and Macau (3) each contributed modestly. Tibet and Qinghai published nothing over the study window, underscoring the east–west divide in clinical research capacity.

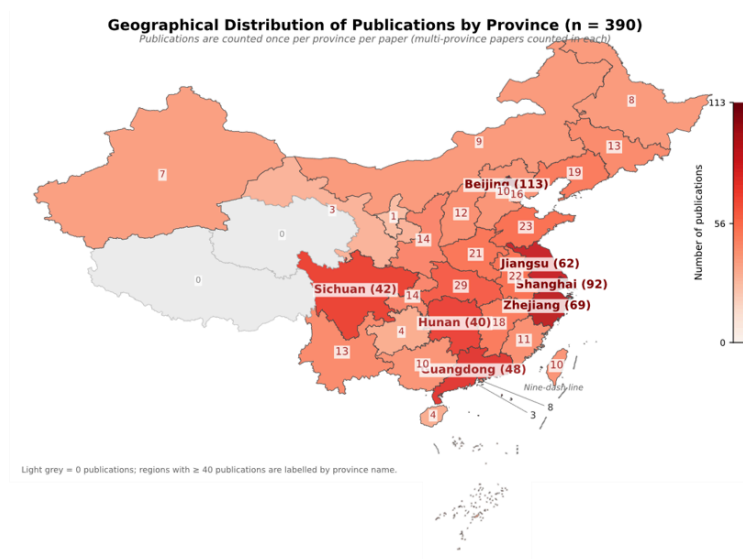


Figure 11. Provincial publication heat map of China (all 34 provincial-level administrative regions; publication counts labelled; zero-output regions in grey; provinces with ≥ 40 publications named)

3.11. Article types

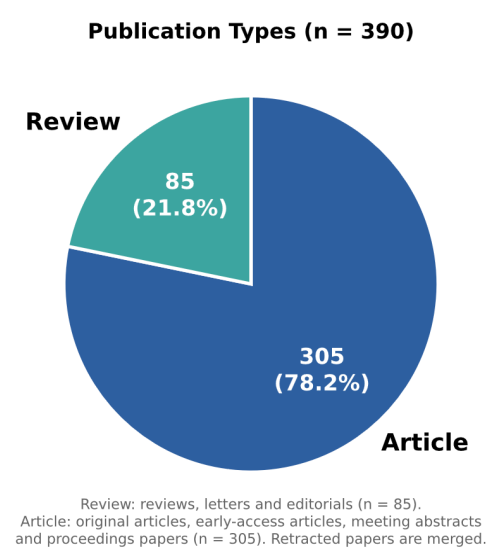


Figure 12. Article type composition: articles (305, 78.2%) versus reviews (85, 21.8%)

Original articles accounted for 305 of the 390 publications (78.2%), and reviews for 85 (21.8%) (Figure 12). Letters and editorials were grouped into reviews; ahead-of-print, conference, and proceedings items were grouped into articles; retracted publications were removed. The full set involved 2,415 authors from 441 institutions across 204 journals.

3.12. Research type composition

Within the 305 original articles, clinical research dominated with 254 publications (87.6%), compared with 36 publications (12.4%) classified as basic research (Figure 13). High-impact papers also tended to be clinical real-world studies. Taken together, the picture is consistent: Chinese JAK inhibitor research is overwhelmingly clinical, while mechanistic and first-quartile basic work remains scarce.

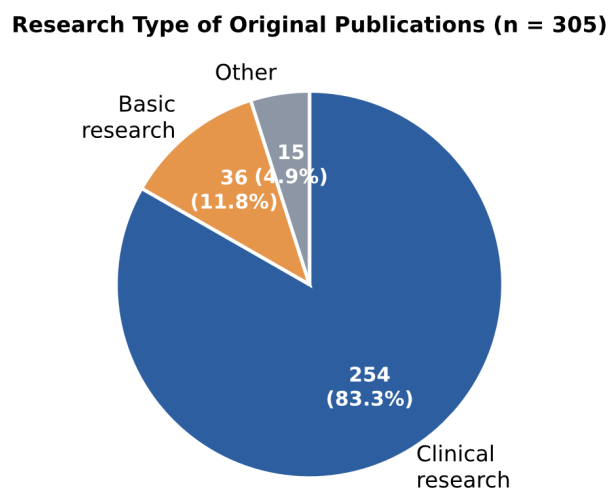


Figure 13. Research type composition among original articles ($n = 305$)

4. Discussion

To the authors' knowledge, this is the first bibliometric analysis of the Chinese JAK inhibitor literature, built on 390 WoSCC-indexed publications from 2017 to 2026. Four findings stand out.

First, growth has been fast and clearly tied to regulatory milestones. The roughly seven-fold expansion of annual output coincides with three moments: baricitinib's 2019 approval for RA, the 2022–2023 approvals and fast uptake of upadacitinib, and the 2024–2026 approvals of domestically developed agents, including golidocitinib and aimatinib.

Market access, rather than academic interest alone, therefore appears to be the main driver of domestic output. That reading is supported by the sharp rise in pharmacoeconomic studies (17 publications) and real-world studies (42 keyword mentions), both of which are inherently reimbursement-oriented.

Second, the centre of gravity has shifted from rheumatology toward dermatology. RA remains the largest single indication (64 publications), but the dermatologic conditions taken together, atopic dermatitis (48), psoriasis (17), alopecia areata (20), and vitiligo (6), now rival it, and high-impact publications concentrate in this space.

The pattern mirrors the global licensing trajectory of second-generation agents, whose clearest efficacy advantages (e.g., upadacitinib and abrocitinib in atopic dermatitis) were shown in cutaneous indications. Dermatology will likely remain the most active domestic frontier in the near term.

Third, the field is clinically skewed and geographically concentrated. Clinical research makes up 87.6% of original articles, and output clusters in Beijing, Shanghai, Zhejiang, Jiangsu, and Guangdong, regions that also hold most tertiary hospitals and early-phase trial capacity [16]. Basic research is scarce (12.4%), and western provinces showed minimal activity, with Tibet and Qinghai at zero. Both gaps could be narrowed through targeted funding and multicentre network trials.

Fourth, subtype research is only beginning to stratify. JAK1 accounts for 60.3% of publications simply because it is the shared target of both generations of inhibitors. TYK2, by contrast, offers a differentiated safety proposition but has drawn only 12 domestic publications so far [13], and JAK3-selective agents such as ritlecitinib (9 publications) remain under-studied relative to their global positioning [21].

A few limitations are worth noting. The analysis only covers WoSCC-indexed English-language publications, so Chinese-language output in domestic journals is undercounted. Drug and indication extraction rested on regular expressions; the libraries were checked against the curated dataset, but unindexed synonyms or very new agents may still have been missed. Subtype attribution follows pharmacological targets rather than experimentally confirmed pathway engagement.

Impact factors were curated for 55.6% of the publications, and the figures are 2023 JCR approximations. Additionally, the 2026 counts stop at August, and because one publication can be credited to several institutions, institutional totals exceed 390.

5. Conclusion

Across these 390 publications, Chinese JAK inhibitor research grew rapidly between 2017 and 2026, keeping pace with one approval after another. Clinical studies of tofacitinib, baricitinib, and upadacitinib dominate the field; JAK1 is its preferred target; Beijing, Shanghai, Zhejiang, Jiangsu, and Guangdong carry the output; and the emphasis is shifting toward dermatologic indications and real-world evidence.

Real-world evidence generation in dermatology, TYK2- and JAK3-selective agents, and basic mechanistic work are the most promising under-explored directions. Lifting basic research output and first-quartile publications and building multicentre collaboration across underrepresented provinces will shape China's move from a large JAK inhibitor market into a major contributor of original evidence.

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